

ROUTING SLIP FOR INVOICES

DATE September 15, 2017

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE August 2017

TO LeBlanc

INITIAL REVIEW J

DATE 9.19.17

FSPS2 REVIEW D. Thomas

DATE 9/21/17

Program Manager 1/2 D. Thomas

DATE 9/21/17

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 9.21.17 EQUIPMENT TO BE TAGGED?                     

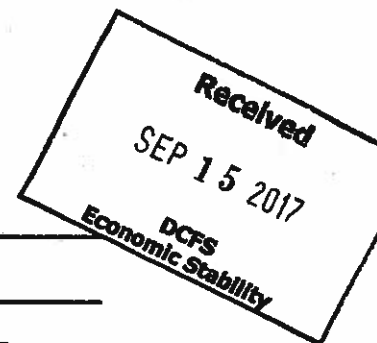
ADVANCE RECOUPMENT?                     

COMMENTS:

~~Disallow home prenatal care nurse~~  
~~insurance bc not in budget.~~



DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form



Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

August 2017

Service Period

719685

Contractor/PO#

2000 224936-0817

Invoice Number

EXPENDITURES

| EXPENDITURE<br>CATEGORY    | APPROVED<br>BUDGET | CURRENT<br>PERIOD<br>EXPENDITURES    | PRIOR PERIOD<br>EXPENDITURES | CUMMULATIVE<br>EXPENDITURES | REMAINING<br>CONTRACT<br>BALANCE | COST<br>SHARING |
|----------------------------|--------------------|--------------------------------------|------------------------------|-----------------------------|----------------------------------|-----------------|
| (A)                        | (B)                | (C)                                  | (D)                          | (E)                         | (F)                              | (G)             |
| PERSONNEL                  | \$ 72,960.00       | \$ 5,066.25                          | \$ 5,037.69                  | \$ 10,103.94                | \$ 62,856.06                     |                 |
| FRINGE<br>BENEFITS         | \$ 10,309.44       | <del>501.56</del><br>\$ 1,512.23     | \$ 754.68                    | \$ 1,512.23                 | \$ 8,797.21                      |                 |
| TRAVEL                     | \$ 1,080.00        | \$ 146.88                            | \$ 70.89                     | \$ 217.77                   | \$ 862.23                        |                 |
| OPERATING<br>SERVICES      | \$ 60,370.56       | \$ 3,342.70                          | \$ 1,672.90                  | \$ 5,015.60                 | \$ 55,354.96                     |                 |
| MAT/SUPPLIES               | \$ -               | \$ -                                 | \$ -                         | \$ -                        | \$ -                             |                 |
| PROFESSIONAL<br>SERVICES   | \$ 94,200.00       | \$ 7,137.50                          | \$ 7,300.00                  | \$ 14,437.50                | \$ 79,762.50                     |                 |
| OTHER CHARGES              | \$ 434,880.00      | \$ 32,235.00                         | \$ 29,225.00                 | \$ 61,460.00                | \$ 373,420.00                    |                 |
| EQUIPMENT/AC<br>QUISITIONS |                    | \$ -                                 | \$ -                         | \$ -                        | \$ -                             |                 |
| INDIRECT COST              | \$ 57,000.00       | \$ 4,750.00                          | \$ 4,750.00                  | \$ 9,500.00                 | \$ 47,500.00                     |                 |
| TOTALS                     | \$ 730,800.00      | <del>53,435.88</del><br>\$ 53,435.88 | \$ 48,811.16                 | \$ 102,247.04               | \$ 628,552.96                    | \$ -            |

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Dorothy Wallis*, President/CEO  
Signature of Authorized Contractor Representative and Title

9/14/2017  
Date

FOR DCFS USE ONLY

|                        |             |             |                 |              |      |
|------------------------|-------------|-------------|-----------------|--------------|------|
| DCFS Invoice<br>Number | Org<br>4274 | Obj<br>3740 | Rep Cat<br>5071 | Sub Obj<br>— | ACTV |
|                        | Org         | Obj         | Rep Cat         | Sub Obj      | ACTV |
|                        | Org         | Obj         | Rep Cat         | Sub Obj      | ACTV |

Program  
Compliance  
Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

*Debra L. Homan* Program Mgr 9/21/17  
Signature and Title of Authorized DCFS Official

Ballou insurance for home prenatal care nurse  
Because not in budget *Janine LeBlanc* 9/12/17

# Life Choice Project

Coordinated Prenatal Care for  
Louisiana's Pregnant Women

September 13, 2017

Department of Social Services  
Office of Family Support  
627 North 4<sup>th</sup> Street  
5<sup>th</sup> Floor Cubicle 5-321  
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion  
August 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, our August 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of August 2017.

Also please find attachment Seven updated personnel Activity Report with the proposed changes.


I'm requesting permission to fill the Services Coordinator, with Sanaretha Gray; she has a wealth of knowledge, experience, and expertise in the areas of Auditing, Policy & Procedures, and Human Resources. She's a retired state employee and several years of service was with DHH/Human Resources. She graduated from Delta College in Billing and Coding; she is a valuable asset to the Life Choice Project.

Clerical Support Specialist, with Andrea Venezia; Home Prenatal Care Educator, with J. Moniq Adams; Professional Technical Services, with Emily Ilgenfritz. They are all valuable asset to the Life Choice Project.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at anytime.

I remain,

  
Dorothy Wallis  
Program Administration  
Caring to Love Ministries

  
Caring to Love Ministries  
Counseling Center • Care Pregnancy Clinic • Hope Group

# *Life Choice Project*

*Coordinated Prenatal Care for  
Louisiana's Pregnant Women*

## ***Delivery Confirmation***

I, the undersigned, acknowledge receipt of the following:

- **Letter to Ms. Jeanine Le Blanc**
- **One Copy**
- **Cover Letter**
- **July 2017 Budget Revision Request**
- **Cost Reimbursement Invoices for August 2017**
- **Section A: Salary**
- **Section B: Fringe**
  - **FICA**
  - **LCTA – Worker Compensation**
- **Section C: Travel**
- **Section D: Operating Expenses**
  - **Cancelled Checks and Wire Transfers**
- **Section F: Professional services**
  - **Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- **Section G: Other Charges – Coordinated Prenatal Care Services**
  - **Subcontractors' Front Page and Wire Transfer**
- **Section I: Indirect Costs- Project Administrative**
  - **Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- **TANF –MOS Report August 2017**

*Please sign and return via scanned or email to [dwallis@ctlm.org](mailto:dwallis@ctlm.org)*

**Thank You,**

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

|                   |  |                   |                        |
|-------------------|--|-------------------|------------------------|
| CONTRACTOR:       | <u>Caring to Love Ministries</u>       | REPORT CATEGORY # | <u>5071</u>            |
| SERVICE PROVIDED: | <u>Abortion Alternative-Statewide.</u> | P. O. #           | <u>2000 224936</u>     |
| ADDRESS           | <u>3813 N. Flannery Rd.</u>            | GRS ORG CODE #    | <u>4274</u>            |
|                   | <u>Baton Rouge, LA 70814</u>           | OBJECT CODE       | <u>3740</u>            |
| CONTACT PERSON:   | <u>Dorothy Wallis</u>                  | INVOICE #         | <u>2000224936-0817</u> |
| TITLE:            | <u>President/CEO</u>                   | PHONE #           | <u>225-273-1124</u>    |
|                   |  | MONTH & YEAR      | <u>August 2017</u>     |
|                   |  | PARISH SERVED:    | <u>Statewide</u>       |

|   |            |
|---|------------|
| CUMM PREVIOUS 1st MONTH PARTICIPANTS      | <u>229</u> |
| 1st MONTH PARTICIPANTS SERVED THIS MONTH: | <u>204</u> |
| CUMMULATIVE 1st MONTH PARTICIPANTS        | <u>433</u> |

**SECTION A-SALARY**

|                             |                                   |                 |  |
|-----------------------------|-----------------------------------|-----------------|--|
| Services Coordinator        | J Monic Adams                     | 1,866.25        |  |
| Home Prenatal Care Nurse    | Kim Hardee                        | 1,600.00        |  |
| Home Prenatal Care Educator |                                   | 0.00            |  |
| Clerical Support Specialist | Sanaretha Gray                    | 1,600.00        |  |
|                             | <b>TOTAL SALARIES-Direct Svcs</b> | <u>5,066.25</u> |  |

5,066.25 ✓

**SECTION B - FRINGE**

|                       |                                  |                   |  |
|-----------------------|----------------------------------|-------------------|--|
| Insurance             | Direct Services                  | <del>250.00</del> |  |
| FICA                  | Direct Services                  | 387.57            |  |
| Worker's Compensation | Direct Services                  | 119.98            |  |
|                       | <b>TOTAL FRINGES-Direct Svcs</b> | <u>757.55</u>     |  |

507.55  
757.55

**SECTION C - TRAVEL**

|        |                                 |               |  |
|--------|---------------------------------|---------------|--|
| Travel | Direct Services                 | 146.88        |  |
|        | <b>TOTAL TRAVEL-Direct Svcs</b> | <u>146.88</u> |  |

146.88 ✓

**SECTION D - OPERATING EXPENSES**

|                  |   |                 |
|------------------|---|-----------------|
| Printing         | Direct Services                           | 2,007.75 ✓      |
| Office Supplies  | Direct Services                           | 0.00            |
| Copy Machine     | Direct Services                           | 250.00          |
| Internet Service | Direct Services                           | 195.00          |
| Media            | Direct Services                           | 0.00            |
| Website          | Direct Services                           | 14.95           |
| KNOWforSURE      | Direct Services                           | 875.00          |
|                  | <b>TOTAL OPERATING EXPENSES FOR MONTH</b> | <u>3,342.70</u> |

3,342.70 ✓

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

**SECTION F - PROFESSIONAL**

|                              |                           |          |         |
|------------------------------|---------------------------|----------|---------|
| Accounting Services          | Vickie Davis 8.31.17      | 2,200.00 | 9.11.17 |
| Performance Improvement C    | Garcia Bodley 8.20.17     | 1,200.00 | 9.11.17 |
| Public Relations/Media Coord | Randy Rice 8.31.17        | 700.00   | 9.11.17 |
| Webmaster/Info Tech Cons.    | Kathleen Benfield 8.31.17 | 487.50   | 9.11.17 |
| Information Technology Cons  | Turnkey 8.1.17            | 250.00   | 8.16.17 |
| Auditor Services             | Michael Choate, CPA       | 0.00     |         |
|                              | Ham/Lacey/                |          |         |
| Professional Technical Svc   | Michelle/Emily/Alexis     | 2,300.00 |         |

**TOTAL PROFESSIONAL**

7,137.50

**SECTION G-OTHER CHARGES**

| <u>Client Services:</u>        | <u>Cost</u> | <u># Clients</u> | <u>TOTALS</u> |
|--------------------------------|-------------|------------------|---------------|
| Intake Application Process     | \$ 10.00    | 204              | 2,040.00      |
| Positive Pregnancy Test        | \$ 10.00    | 143              | 1,430.00      |
| Negative Pregnancy Test        | \$ 10.00    | 61               | 610.00        |
| Abstinence Education           | \$ 30.00    | 61               | 1,830.00      |
| Counseling                     | \$ 40.00    | 129              | 5,160.00      |
| Referral Services              | \$ 10.00    | 141              | 1,410.00      |
| Health Risk Assessment         | \$ 30.00    | 141              | 4,230.00      |
| Care Plan Development          | \$ 30.00    | 143              | 4,290.00      |
| On-going Care                  | \$ 30.00    | 87               | 2,610.00      |
| Family Support Services        | \$ 40.00    | 82               | 3,280.00      |
| Home Outreach Support Services | \$ 75.00    | 43               | 3,225.00      |
| Birth Outcome Confirmation     | \$ 40.00    | 53               | 2,120.00      |

**TOTAL OTHER CHARGES**

32,235.00

**SECTION I - INDIRECT COST**

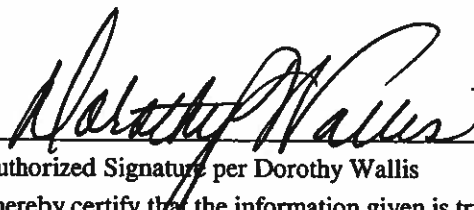
|                       |                |          |
|-----------------------|----------------|----------|
| Project Administrator | Dorothy Wallis | 4,500.00 |
| Health Insurance      |                | 250.00   |

**TOTAL INDIRECT COST**

4,750.00

**TOTAL INVOICE**

\$ 53,435.88

  
Authorized Signature per Dorothy Wallis  
I hereby certify that the information given is true and correct to the best of my knowledge.

Project Administrator

9/14/2017  
Date

OFS Approval

Telephone Number

9/14/2017  
Date

\*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL  
PAYMENT MANAGEMENT/CONTRACTS  
PO BOX 3927  
BATON ROUGE, LOUISIANA

P.O.# 200 224936 - 0817  
ACH Transfer Detail Grid for August 2017

| Section | Budget Category         | Item description             | Payee                              | Inv. Page | ACH Page | Proff of Electronic Bank Statement | Bank Stmt Page # |
|---------|-------------------------|------------------------------|------------------------------------|-----------|----------|------------------------------------|------------------|
| C       | Operating Expense       | Travel                       | Care Pregnancy Ctr                 | 21-23     | 24       | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Printing                     | Randy Rice & Assoc                 | n/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Office Supplies              | Restoration Pregnancy              | n/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Office Supplies              | Access/Catholic Charities          | n/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Office Supplies              | A Pregnancy Center                 | N/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Office Supplies              | Women's Resource Ctr               | n/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Office Supplies              | Women's Life Ministries            | n/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Office Supplies              | Care Pregnancy Center              | n/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Marketing & Advertisement    | Randy Rice & Assoc.                | n/a       | n/a      | Gulf Coast Bank & Tst              | 5                |
| D       | Operating Expense       | Knowforsure                  | Sources for Women                  | 38        | 39       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Accounting Services          | Direct Mailing-Vickie              | 41-42     | 43       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Performance Impr Coordinator | Resources for Comm.- Garcia Bodley | 44        | 45       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Public Relations             | Randy Rice & Assoc                 | 46        | 47       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Webmaster                    | Kathleen Benefield                 | 48        | 49       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Prof Tech Svc                | Jennifer Ham                       | 52,53.1   | 53,53.2  | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Prof Tech Svc                | Lacey Bodley                       | 54        | 55       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Prof Tech Svs                | Michelle Dyess                     | 56        | 57       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Prof Tech Svc                | Alexis Farrugia                    | 58        | 59       | Gulf Coast Bank & Tst              | 5                |
| F       | Professional            | Prof Tech Svc                | Emily Ilgenfritz                   | 60        | 61       | Gulf Coast Bank & Tst              | 5                |
| G       | Coor Prenatal Care Serv | Sub-contractor               | CarePregnancy Ctr                  | 64        | 66       | Gulf Coast Bank & Tst              | 5                |
| G       | Coor Prenatal Care Serv | Sub-contractor               | Wom Res Ctr Natch                  | 67        | 69       | Gulf Coast Bank & Tst              | 5                |
| G       | Coor Prenatal Care Serv | Sub-contractor               | A Prg. Ctr. & Clinic               | 70        | 72       | Gulf Coast Bank & Tst              | 5                |
| G       | Coor Prenatal Care Serv | Sub-contractor               | Access Met-Catholic                | 73        | 75       | Gulf Coast Bank & Tst              | 5                |
| G       | Coor Prenatal Care Serv | Sub-contractor               | Wom Life Minist                    | 76        | 78       | Gulf Coast Bank & Tst              | 5                |
| G       | Coor Prenatal Care Serv | Sub-contractor               | Restoration Life                   | 79        | 81       | Gulf Coast Bank & Tst              | 5                |
| G       | Coor Prenatal Care Serv | Sub-contractor               | CPC-Gonzales                       | 82        | 84       | Gulf Coast Bank & Tst              | 5                |
| I       | Indirect cost           | Project Administrator        | Dorothy Wallis                     | 86        | 87       | Gulf Coast Bank & Tst              | 5                |
|         |                         |                              |                                    |           |          |                                    |                  |



**GULF COAST BANK**  
& Trust Company

LCP CHECKING (100526649)

9/13/2017 8:09 AM (Refresh)

## Account Information

Summary Details

|  |                  |
|--|------------------|
| <b>Balance</b>                           |                  |
| Previous Day Transactions (-.00/+ .00):  | .00              |
| <b>Current Balance:</b>                  | <b>42,655.81</b> |
| Holds:                                   | .00              |
| Pending Transactions (-32,985.00/+ .00): | -32,985.00       |
| Other Transfers:                         | .00              |
| <b>Available Balance:</b>                | <b>9,670.81</b>  |

## Transactions

Total debits: -44,644.38 (20), total credits: +.00 (0)

ACH  
Page #

Show 50 ▼

| Date ▼     | Description ↕                                | Debit ↕      | Credit ↕ | Balance   |
|------------|--|--------------|----------|-----------|
| 09/13/2017 | August 2017 (Pending)                        | 200.00 55    |          | 9,670.81  |
| 09/13/2017 | August 2017 (Pending)                        | 150.00 61    |          | 9,870.81  |
| 09/13/2017 | Ecorp ACH Out CARE PREGNANCY CLINI (Pending) | 1,960.00 84  |          | 10,020.81 |
| 09/13/2017 | Ecorp ACH Out RESTORATION PREGNANC (Pending) | 4,040.00 81  |          | 11,980.81 |
| 09/13/2017 | Ecorp ACH Out WOMENS LIFE MINISTRI (Pending) | 2,305.00 78  |          | 16,020.81 |
| 09/13/2017 | Ecorp ACH Out CATHOLIC CHARITIES (Pending)   | 1,400.00 75  |          | 18,325.81 |
| 09/13/2017 | Ecorp ACH Out A PREGNANCY CENTER (Pending)   | 5,070.00 72  |          | 19,725.81 |
| 09/13/2017 | Ecorp ACH Out WOMENS RES CEN NATCH (Pending) | 6,430.00 69  |          | 24,795.81 |
| 09/13/2017 | Ecorp ACH Out CARE PREGNANCY CLINI (Pending) | 11,030.00 66 |          | 31,225.81 |
| 09/13/2017 | Ecorp ACH Out J. HAM INC (Pending)           | 400.00 53.2  |          | 42,255.81 |
| 09/11/2017 | August 2017                                  | 4,500.00 87  |          | 42,655.81 |
| 09/11/2017 | August 2017                                  | 2,200.00 43  |          | 47,155.81 |
| 09/11/2017 | August 2017                                  | 1,200.00 45  |          | 49,355.81 |
| 09/11/2017 | August 2017                                  | 875.00 39    |          | 50,555.81 |
| 09/11/2017 | August 2017                                  | 800.00 53    |          | 51,430.81 |
| 09/11/2017 | August 2017                                  | 700.00 47    |          | 52,230.81 |
| 09/11/2017 | August 2017                                  | 500.00 59    |          | 52,930.81 |
| 09/11/2017 | August 2017                                  | 487.50 49    |          | 53,430.81 |
| 09/11/2017 | August 2017                                  | 250.00 57    |          | 53,918.31 |
| 09/11/2017 | August Trvl 2017                             | 146.88 24    |          | 54,168.31 |

Additional items prior to 09/11/2017 may be available in the transaction archive.

MEMBER FDIC eStatement/Notice enrollment  
© 2001 - 2017 Fiserv, Inc. or its affiliates

EQUAL HOUSING LENDER

VERISIGN

TRUESECURE

CONTACT US



0 • C

0 • C

1 • 866 • 25 x

7 • 65 z

142 • 768125 \*

0 • C

1 • 866 • 25 x

2 • 36843 z

44 • 200824875 \*

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142 • 77 +

44 • 2 +

186 • 97 \*

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1 • 600 • x

7 • 65 z

122 • 4 \*

0 • C

1 • 600 • x

2 • 36843 z

37 • 89488 \*

0 • C

122 • 4 +

37 • 89 +

160 • 29 \*

0 • C

186 • 97 +

160 • 29 +

160 • 29 +

507 • 55 \*

0 • C

PO# 2000 224936

SECTION A

SALARY

4:20 PM

09/04/17

## Caring To Love Ministries

## LCP Payroll Summary

August 2017

|   | Adams, Jashonda M | Gray, Sanaretha A | Hardee, Kim A   | TOTAL            |
|---|-------------------|-------------------|-----------------|------------------|
| <b>Employee Wages, Taxes and Adjustments</b>  |                   |                   |                 |                  |
| Gross Pay                                     |                   |                   |                 |                  |
| Care Pregnancy Clinic Salary                  | 1,866.25          | 1,933.08          | 2,874.68        | 6,674.01         |
| <b>Total Gross Pay</b>                        | <b>1,866.25</b>   | <b>1,933.08</b>   | <b>2,874.68</b> | <b>6,674.01</b>  |
| Deductions from Gross Pay                     |                   |                   |                 |                  |
| Health Insurance (taxable)                    | 0.00              | 0.00              | -452.22         | -452.22          |
| <b>Total Deductions from Gross Pay</b>        | <b>0.00</b>       | <b>0.00</b>       | <b>-452.22</b>  | <b>-452.22</b>   |
| <b>Adjusted Gross Pay</b>                     | <b>1,866.25</b>   | <b>1,933.08</b>   | <b>2,422.46</b> | <b>6,221.79</b>  |
| Taxes Withheld                                |                   |                   |                 |                  |
| Federal Withholding                           | -1.00             | -223.00           | -313.00         | -537.00          |
| Medicare Employee                             | -27.06            | -28.03            | -41.69          | -96.78           |
| Social Security Employee                      | -115.70           | -119.85           | -178.23         | -413.78          |
| LA - Withholding                              | -41.01            | -54.86            | -65.56          | -161.43          |
| Medicare Employee Addl Tax                    | 0.00              | 0.00              | 0.00            | 0.00             |
| <b>Total Taxes Withheld</b>                   | <b>-184.77</b>    | <b>-425.74</b>    | <b>-598.48</b>  | <b>-1,208.99</b> |
| <b>Net Pay</b>                                | <b>1,681.48</b>   | <b>1,507.34</b>   | <b>1,823.98</b> | <b>5,012.80</b>  |
| <b>Employer Taxes and Contributions</b>       |                   |                   |                 |                  |
| Medicare Company                              | 27.06             | 28.03             | 41.69           | 96.78            |
| Social Security Company                       | 115.70            | 119.85            | 178.23          | 413.78           |
| <b>Total Employer Taxes and Contributions</b> | <b>142.76</b>     | <b>147.88</b>     | <b>219.92</b>   | <b>510.56</b>    |

| Position-Direct Services    | Employee Name  | Salary         | Blue Cross    | FICA          | Worker's Comp | Total Fringe                | Total          |
|-----------------------------|----------------|----------------|---------------|---------------|---------------|-----------------------------|----------------|
| Services Coordinator        | J Monic Adams  | 1866.25        |               | 142.77        | 44.20         | 186.97                      | 2053.22        |
| Home Prenatal Care Nurse    | Kim Hardee     | 1600.00        | 250.00        | 122.40        | 37.89         | 410.29<br>160.29            | 2010.29        |
| Home Prenatal Care Educator |                | 0              |               | 0             | 0             | 0                           | 0              |
| Clerical Support            | Sanaretha Gray | 1600.00        |               | 122.40        | 37.89         | 160.29                      | 1760.29        |
| <b>TOTALS</b>               |                | <b>5066.25</b> | <b>250.00</b> | <b>387.57</b> | <b>119.98</b> | <del>757.55</del><br>506.55 | <b>5823.80</b> |

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

**Attachment 7: Personnel Activity Report**

|  |   |
|--|---|
| <b>Administrative Staff</b>                          |   |
| <b>Project Administrator</b>                         | Dorothy H. Wallis                               |
| <b>Accounting Services</b>                           | Vickie Davis                                    |
| <b>Programmatic Staff</b>                            |   |
| <b>Services Coordinator</b>                          | Sanaretha Gray                                  |
| <b>Home Prenatal Care Nurse</b>                      | Kim Hardee, RN                                  |
| <b>Home Prenatal Care Educator</b>                   | J. Moniq Adams                                  |
| <b>Clerical Support Specialist</b>                   | Andrea Venezio                                  |
| <b>Contracted Professional Services</b>              |   |
| <b>Performance Improvement Coordinator</b>           | Garcia Bodley/Resources for Communities         |
| <b>Professional Technical Services/QA Supervisor</b> | Jennifer Ham                                    |
| <b>Professional Technical Services/QA Specialist</b> | Lacey Bodley                                    |
| <b>Professional Technical Services/QA Specialist</b> | Alexis Farrugia                                 |
| <b>Professional Technical Services/QA Specialist</b> | Emily Ilgenfritz                                |
| <b>Other Professional/Technical Support Services</b> |   |
| <b>Public Relations/Media Consultant</b>             | Randy Rice                                      |
| <b>Web-based Communications Consultant</b>           | Kathleen Benfield/Kathleen Benfield Consultants |
| <b>Computer Services Technical Support</b>           | TurnKey   |
| <b>Auditor</b>                                       | Michael Choate, CPA                             |

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE  
APPROPRIATE FOR FINANCIAL INSTITUTION USE

ED 100-100  
APPROPRIATE  
APPROPRIATE

**LCP Budget to reimburse CTLM =\$1886.25 for month**



|   |  |   |
|---|--|---|
| <b>CARING TO LOVE MINISTRIES</b><br>STAR ACCOUNT<br>3813 N. FLANNERY ROAD<br>BATON ROUGE, LOUISIANA 70814<br>(225) 273-1124 |  | BATON ROUGE, LOUISIANA<br>84-15/054<br>9325<br>8/21/17                              |
| PAY TO THE ORDER OF <b>Jashonda Monic Adams</b>   |  | <b>\$ 826.29</b>  |
| Eight Hundred Twenty-Six and 29/100   |  | DOLLARS   |
| Jashonda Monic Adams<br>11625 Sherwood Valley Ct<br>Baton Rouge, LA 70816   |  | VOID AFTER 60 DAYS<br>STAR ACCOUNT<br><i>Jashonda Adams</i><br>AUTHORIZED SIGNATURE |
| MEMO Pay Period: 08/01/17 - 08/15/17  |  |   |

⑈009325⑈ ⑈065600⑈ ⑈53⑈ ⑈48236585⑈

|   |                       |
|---|-----------------------|
| DO NOT WRITE STAMP OR SIGNATURE LINE<br>RESERVED FOR FINANCIAL INSTITUTIONS | <i>Jashonda Adams</i> |
|---|-----------------------|

## SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1886.25 for month

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPRINTED SERIAL

|   |   |  |
|---|---|--|
| <b>CARING TO LOVE MINISTRIES</b><br>STAR ACCOUNT<br>3813 N. FLANNERY ROAD<br>BATON ROUGE, LOUISIANA 70814<br>(225) 273-1124 | <b>WHITNEY</b><br>BATON ROUGE,<br>LOUISIANA<br>84-15/554                              | <b>9319</b><br><br>8/7/17<br><br>\$ 976.46 |
| PAY TO THE ORDER OF <b>Kim A Hardee</b>   |   |  |
| Nine Hundred Seventy-Six and 46/100   |   |  |
| <b>Kim A Hardee</b><br>15947 Haynes Bluff Ave<br>Baton Rouge, LA 70817  | VOID AFTER 60 DAYS<br>STAR ACCOUNT<br><br><i>Kim A Hardee</i><br>AUTHORIZED SIGNATURE |  |
| MEMO<br>Pay Period: 07/16/17 - 07/31/17   |   |  |

⑈009319⑈

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RETURNED TO F.A.N.B. AT THE BOTTOM

07 MORE LINES

*CTL*

>065000090<  
CAPITAL ONE, NA  
08172017  
RICHMOND, VA 10521  
Deposit

88-011000-1  
The Capital One Bank, N.A. is a member of the FDIC.  
© 2017 Capital One Bank, N.A. All rights reserved.

**SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse**

**LCP Budget to reimburse CTLM = \$1600.00 for month**

10

CARING TO LOVE MINISTRIES  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

WHEATNEY BATON ROUGE, LOUISIANA

9330

84-15/554

8/21/17

PAY TO THE ORDER OF Kim A Hardee

\$ 847.52

Eight Hundred Forty-Seven and 52/100

DOLLARS

Kim A Hardee  
15947 Haynes Bluff Ave  
Baton Rouge, LA 70817

VOID AFTER 60 DAYS  
STAR ACCOUNT

AUTHORIZED SIGNATURE

MEMO

Pay Period: 08/01/17 - 08/15/17

⑈009330⑈

IPMorgJnChaseBank ⑈009330⑈ 08/21/17

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

Kim Hardee

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

11

**CARING TO LOVE MINISTRIES**  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

**9318**

BATON ROUGE, LOUISIANA

84-154854

8/7/17

PAY TO THE ORDER OF Sanaretha A Gray \$ 741.50

Seven Hundred Forty-One and 50/100 DOLLARS

Sanaretha A Gray  
PO Box 413  
Prairieville, LA 70769

VOID AFTER 60 DAYS  
STAR ACCOUNT

*[Signature]*  
AUTHORIZED SIGNATURE

MEMO  
Pay Period: 07/16/17 - 07/31/17

⑈009318⑈ ⑆065400153⑆

E Federal CU  
BOFD RT:268473611  
Account  
08/09/2017 02:16:56 (-05:00) PM  
Item:081415524796

DO NOT WRITE IN THESE SPACES

*[Signature]*

**SECTION A-PERSONNEL SERVICES-Clerical Support Specialist**

**LCP Budget to reimburse CTLM = \$1600.00 for month**



**CARING TO LOVE MINISTRIES**  
STAR ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LOUISIANA 70814  
(225) 273-1124

BATON ROUGE, LOUISIANA  
84-157854  
8/21/17

PAY TO THE ORDER OF Sanaretha A Gray \$ 765.84

Seven Hundred Sixty-Five and 84/100 DOLLARS

Sanaretha A Gray  
PO Box 413  
Prairieville, LA 70769

VOID AFTER 60 DAYS  
STAR ACCOUNT

MEMO Pay Period: 08/01/17 - 08/15/17

009329 065400153

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE

ENDORSE HERE

*Sanaretha A Gray*

E Federal CU  
BOFD RT 28473611  
Account: [REDACTED]  
08/22/2017 12:38:02 (-06:00) PM  
Item: 221297517121

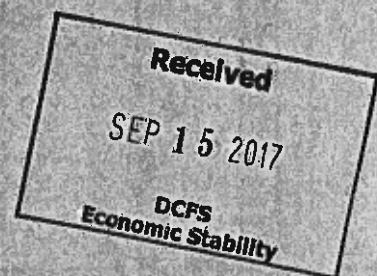
**SECTION A-PERSONNEL SERVICES-Clerical Support Specialist**

**LCP Budget to reimburse CTLM = \$1600.00 for month**

**PO# 2000 224936**

**SECTION B**

**FRINGES**



GBS5638 1000186020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814Group ID : 27A61ERC  
Subgroup ID : 0000Due Date: 08/15/2017  
Billing Date: 07/31/2017Invoice Period From : 08/15/2017  
Invoice Period Through: 09/14/2017  
Invoice Number : 172120004489

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... \$2,134.03

Member Adjustments..... \$292.43

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,426.46

*Please Pay Total Amount Due*

\$2,426.46

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana Incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

## SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

|   |  |   |  |
|---|--|---|--|
| ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPUNCHED HOLES   |  | 17668   |  |
| <b>CARING TO LOVE MINISTRIES</b><br>OPERATING ACCOUNT<br>3813 N. FLANNERY ROAD<br>BATON ROUGE, LA 70814<br>(225) 273-1184 |  | BATON ROUGE,<br>LOUISIANA<br><br>84-15/664<br><br>8/10/17                                 |  |
| PAY TO THE ORDER OF <u>Blue Cross Blue Shield</u>   |  | \$ 2,426.46   |  |
| Two Thousand Four Hundred Twenty-Six and 46/100   |  | DOLLARS   |  |
| Blue Cross Blue Shield<br>P.O. Box 650007<br>Dallas, TX 75265   |  | VOID AFTER 60 DAYS<br>OPERATING ACCOUNT<br><br><i>[Signature]</i><br>AUTHORIZED SIGNATURE |  |
| MEMO  |  |   |  |
| Group ID 27A81ERC Subgroup 0000 8/15/17-9/14/   |  |   |  |
| ⑈017668⑈ ⑆065400153⑆  |  |   |  |

000102 049 081517 1088

27A61ERC DAL

0712305424/12

081517 212204 049 098

CRED TO PAYEE

**ABS END GUAR**

ENDORSE HERE

## SECTION B-FRINGES-Insurance

**LCP Budget to reimburse CTLM = \$250.00 for month**



Electronic Federal Tax Payment System

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TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

## Deposit Confirmation

Your payment has been accepted.

### Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

### REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270764810774711

#### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

#### Payment Information

#### Entered Data

|                          |                           |
|--------------------------|---------------------------|
| <b>Taxpayer EIN</b>      | xxxxx7636                 |
| <b>Tax Form</b>          | 941 Employers Federal Tax |
| <b>Tax Type</b>          | Federal Tax Deposit       |
| <b>Tax Period</b>        | Q3/2017                   |
| <b>Payment Amount</b>    | \$2,901.14                |
| <b>Settlement Date</b>   | 09/05/2017                |
| <b>Subcategories:</b>    |                           |
| <b>1 Social Security</b> | \$1,675.32                |
| <b>2 Medicare</b>        | \$391.82                  |
| <b>3 Tax Withholding</b> | \$834.00                  |
| <b>Account Number</b>    | xxxxx6585                 |
| <b>Account Type</b>      | CHECKING                  |
| <b>Routing Number</b>    | 085400153                 |
| <b>Bank Name</b>         | WHITNEY BANK              |

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PO# 2000 224936-0817

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$387.57 for month

PO# 2000 224936-0817

Section B-Fringes Worker's Comp



LCTA CASUALTY INSURANCE COMPANY

CTL

\$119.98 Section B

\$156.02

## SELF-REPORTING WORKSHEET

Total= \$276.00

 Policy Year 2 117  
 Print Date: 8/25/2017

 Care Pregnancy Clinic  
 Caring to Love Ministries Inc  
 3813 N Flannery  
 Baton Rouge, LA 70814

 Agent: 576  
 Ozark South Central Insurance  
 (225)775-7614

 Carrier Policy #: WC-1-019438-117  
 Rating State: LA  
 Payment Due: 9/15/2017

Policy No.: 001000019438117

Division: 0

 Policy period: 1/01/2017 - 1/01/2018  
 Reporting Period: 8/01/2017 - 8/31/2017

| (1) Code  | (2) Classification            | (3) Payroll                                 | (4) Rate | (5) Premium |
|---|-------------------------------|---|----------|-------------|
| 8810  | Clerical Office Employees Noo | 5567.68                                     | .29      | 16.15       |
| 8864  | Social Svcs Org-All Employees | 10,082.93                                   | 2.58     | 260.14      |
| Life Choice = \$119.98<br>CTLM = \$156.02<br>TOTAL = \$276.00   |                               |   |          |             |
| **** If no payrolls, report "none" ****   |                               |   |          |             |
| Discounts included in lines (9) (13):   |                               | (6) Total Manual Premium 276.29             |          |             |
|   |                               | (7) Increased Limits .000% +                |          |             |
|   |                               | (8) Subtotal - 276.29                       |          |             |
|   |                               | (9) Discount factor before modifier x 1.000 |          |             |
|   |                               | (10) Subtotal - 276.29                      |          |             |
| Months not reported:  |                               | (11) Experience Modifier x                  |          |             |
|   |                               | (12) Subtotal - 276.29                      |          |             |
|   |                               | (13) Discount factor after modifier x 1.000 |          |             |
| Make check payable to:<br><br>LCTA Casualty Insurance Company<br>PO Box 86510<br>Baton Rouge, LA 70879-6510 |                               | (14) Total Premium Due - 276.29             |          |             |
|   |                               | (15) Less Cents to round < .297             |          |             |
|   |                               | (16) + .00                                  |          |             |
|   |                               | (17) Previous Balance +                     |          |             |
|   |                               | (18) Total Due - 276.00                     |          |             |

For billing inquiries, call: PREMIUM ACCT 225-242-4443

## Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie DavisTitle: AccountantDate: 9/4/17

18

## Copy of payment receipt from LCTA WORKERS COMP

BusinessServices@intuit.com

Thu 9/7/2017 9:44 AM

To: luv luv &lt;luv@ctlm.org&gt;;

**Dear Care Pregnancy**

Below is the sales receipt provided to you by LCTA WORKERS COMP

|                            |                       |                 |                               |
|----------------------------|-----------------------|-----------------|-------------------------------|
| <b>Transaction Receipt</b> |                       |                 |                               |
| Transaction Type           | <b>Sale</b>           | Amount:         | <b>\$276.00</b>               |
| Name:                      | <b>Care Pregnancy</b> | Date & Time:    | <b>09/07/2017 - 07:43 PDT</b> |
| <b>Check Information</b>   |                       |                 |                               |
| Account No.:               | <b>*****69</b>        | Account type:   | <b>Checking</b>               |
| Routing No.:               | <b>*****153</b>       |                 |                               |
| <b>Payment ID</b>          |                       |                 |                               |
| Authorization Code:        | <b>152-515</b>        | Transaction ID: | <b>a0ghxzs3</b>               |

**Thank you for your order,**  
LCTA WORKERS COMP

[LCTAACCOUNTING@LCTACOMP.COM](mailto:LCTAACCOUNTING@LCTACOMP.COM)

This notice is to confirm your authorization for LCTA WORKERS COMP to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$276.00 on or after 09/07/2017 - 07:43 PDT . If you have any questions about this payment or your authorization, you may contact LCTA WORKERS COMP at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

**PO# 2000 224936-0817****Section B-Fringes-Worker's Comp****Page 2 of 2****SECTION 1-FRINGS-Worker's Comp****LCP Budget to reimburse CTLM = \$119.98 for month**



PO# 2000 224936

0-C

0-C

## SECTION C

## TRAVEL

14. +

14. +

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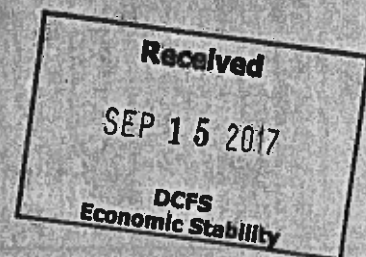
14. +

288. x

0.51 =

146.88 \*

0-C





## TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled out by the traveler or to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

ADDRESS

CITY

DATE OF TRIP

DEPARTMENT

DIVISION

SECTION

FOR PERIOD

8-31-17

Travel

Travel

8/1/17- 8/31/17

## Expense Summary

|                                  |  |      |           |           |
|----------------------------------|--|------|-----------|-----------|
| Automobile:                      | Lump-Sum Allowance   |      | \$        |           |
|                                  | Per Mile Cost:   | 2.88 | ml. @ .51 | \$        |
|                                  |  |      | ml. @ .51 | \$ 146.88 |
| Subsistence:                     | Lodging  |      | \$        |           |
|                                  | Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)  |      | \$        | \$        |
| Tolls and Parking                |  |      |           | \$        |
| Tips (for baggage handling only) |  |      |           | \$        |
| Other Expenses                   |  |      |           | \$        |
| Less: Travel Advance             |  |      |           | \$        |
| Total Reimbursable Costs         | Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients. |      |           | \$ 146.88 |

## Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

*Lashonda Adams*  
SIGNED BY PAYEE

*LCP Service Coordinator*  
TITLE OR POSITION

*E. Baton Rouge*  
OFFICIAL DOMICILE

## Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

*Dorothy Wallis*  
NAME

*Dorothy Wallis*  
SIGNED BY:

*CEO/President*  
TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

| Agency No. | Orgn. | Object | Sub Obj. | Rptg. Category | Amount | Document Reference |
|------------|-------|--------|----------|----------------|--------|--------------------|
|            |       |        |          |                |        |                    |
|            |       |        |          |                |        |                    |
|            |       |        |          |                |        |                    |
|            |       |        |          |                |        |                    |
|            |       |        |          |                |        |                    |
|            |       |        |          |                |        |                    |
|            |       |        |          |                |        |                    |

ACH = \$146.88

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)

August 2017

| Date      | Hour (AM/PM) |             | Territory Traveled   | Odometer |        | Miles Trav | Substance |     |      | Tolls and |      | Other Expenses   |      |
|-----------|--------------|-------------|--|----------|--------|------------|-----------|-----|------|-----------|------|--|------|
|           | Dep          | Arr         |  | Depart   | Arrive |            | Lodging   | No. | Cost | Parking   | Tips | Description  | Cost |
| 8/9/2017  | 12:06:00 PM  | 12:36:00 PM | 3813 N Flannery Rd, BR, LA, 70814 to 1002 Chipley St, Baker, LA, 70714           | 110827   | 110841 | 14         |           |     |      |           |      | On this day she called as I made it to her street and said that she could not have the visit and to reschedule for tomorrow as she was called into work. |      |
| 8/9/2017  | 12:36:00 PM  | 1:14:00 PM  | 1002 Chipley St, Baker, LA, 70714 to 3813 N Flannery Rd, BR, LA, 70814           | 110843   | 110857 |            |           |     |      |           |      |  |      |
| 8/10/2017 | 11:06:00 AM  | 11:40:00 AM | 3813 N Flannery Rd, BR, LA, 70814 to 1002 Chipley St, Baker, LA, 70714           | 110909   | 110923 | 14         |           |     |      |           |      |  |      |
| 8/10/2017 | 12:33:00 PM  | 1:13:00 PM  | 1002 Chipley St, Baker, LA, 70714 to 3813 N Flannery Rd, BR, LA, 70814           | 110923   | 110937 | 14         |           |     |      |           |      |  |      |
| 8/14/2017 | 1:20:00 PM   | 2:00:00 PM  | 3813 N Flannery Rd, BR, LA, 70814 to 25601 Palmwood Ct Denham Springs, LA, 70726 | 111134   | 111151 | 17         |           |     |      |           |      |  |      |
| 8/14/2017 | 2:20:00 AM   | 2:50:00 PM  | 25601 Palmwood Ct Denham Springs, LA, 70726 to 3813 N Flannery Rd, BR, LA, 70814 | 111151   | 111168 | 17         |           |     |      |           |      |  |      |
| 8/16/2017 | 9:58:00 AM   | 10:23:00 AM | 3813 N Flannery Rd, BR, LA, 70814 to 8701 Pecan Tree Dr, BR, LA, 70810           | 111278   | 111291 | 13         |           |     |      |           |      |  |      |
| 8/16/2017 | 11:23:00 AM  | 11:50:00 AM | 8701 Pecan Tree Dr, BR, LA, 70810 to 3813 N Flannery Rd, BR, LA, 70814           | 111291   | 111304 | 13         |           |     |      |           |      |  |      |
| 8/18/2017 | 9:57:00 AM   | 10:17:00 AM | 3813 N Flannery Rd, BR, LA, 70814 to 4931 Pinehill Dr, BR, LA, 70814             | 111365   | 111373 | 8          |           |     |      |           |      |  |      |
| 8/18/2017 | 10:28:00 AM  | 10:59:00 AM | 4931 Pinehill Dr, BR, LA, 70814 to 3813 N Flannery Rd, BR, LA, 70814             | 111373   | 111381 | 8          |           |     |      |           |      |  |      |
| 8/18/2017 | 1:35:00 PM   | 2:02:00 PM  | 3813 N Flannery Rd, BR, LA, 70814 to 6422 Casper St, BR, LA, 70805               | 111383   | 111394 | 11         |           |     |      |           |      |  |      |
| 8/18/2017 | 2:45:00 PM   | 3:15:00 PM  | 6422 Casper St, BR, LA, 70805 to 3813 N Flannery Rd, BR, LA, 70814               | 111394   | 111405 | 11         |           |     |      |           |      |  |      |
| 8/24/2017 | 11:20:00 AM  | 11:37:00 AM | 3813 N Flannery Rd, BR, LA, 70814 to 7626 Airline Hwy BR, LA, 70814              | 111702   | 111709 | 7          |           |     |      |           |      |  |      |
| 8/24/2017 | 12:05:00 PM  | 12:22:00 PM | 7626 Airline Hwy BR, LA, 70814 to 3813 N Flannery Rd, BR, LA, 70814              | 111709   | 111716 | 7          |           |     |      |           |      |  |      |

Total Miles Traveled  
Rate per Mile

140

22

ACH = \$146.88

| Page 2 of 2 Travel Expense Form |              |             | P.O.# 2000 224936 SECTION C - Travel                                    |          |        |            |           |     |      |           |      |                |
|---------------------------------|--------------|-------------|---|----------|--------|------------|-----------|-----|------|-----------|------|----------------|
| BA-12 (3/97)<br>August 2017     |              |             |   |          |        |            |           |     |      |           |      |                |
| Date                            | Hour (AM/PM) |             | Territory Traveled  | Odometer |        | Miles Trav | Substance |     |      | Tolls and |      | Other Expenses |
|                                 | Dep          | Arr         |   | Depart   | Arrive |            | Lodging   | No. | Cost | Parking   | Tips |                |
| 8/25/2017                       | 12:50:00 PM  | 1:58:00 PM  | 3813 N. Flannery Rd, BR, LA, 70814 to 4437 Bonnett St, Fordoche, LA     | 111745   | 111785 | 40         |           |     |      |           |      |                |
| 8/25/2017                       | 2:15:00 PM   | 3:20:00 PM  | 4437 Bonnett St, Fordoche, LA to 3813 N. Flannery Rd, BR, LA, 70814     | 111785   | 111825 | 40         |           |     |      |           |      |                |
| 8/29/2017                       | 10:09:00 AM  | 10:21:00 AM | 3813 N. Flannery Rd, BR, LA, 70814 to 10706 Florida Blvd, BR, LA, 70816 | 112134   | 112138 | 4          |           |     |      |           |      |                |
| 8/29/2017                       | 10:43:00 AM  | 10:54:00 AM | 10706 Florida Blvd, BR, LA, 70816 to 3813 N. Flannery Rd, BR, LA, 70814 | 112138   | 112142 | 4          |           |     |      |           |      |                |
| 8/30/2017                       | 11:20:00 AM  | 11:32:00 AM | 3813 N. Flannery Rd, BR, LA, 70814 to 10795 Mead Rd, BR, LA 70816       | 112151   | 112158 | 7          |           |     |      |           |      |                |
| 8/30/2017                       | 12:12:00 PM  | 12:20:00 PM | 10795 Mead Rd, BR, LA 70816 to 3813 N. Flannery Rd, BR, LA, 70814       | 112158   | 112165 | 7          |           |     |      |           |      |                |
| 8/31/2017                       | 9:32:00 AM   | 10:00:00 AM | 3813 N. Flannery Rd, BR, LA, 70814 to 2035 Tennessee St, BR, LA, 70802  | 112184   | 112197 | 13         |           |     |      |           |      |                |
| 8/31/2017                       | 10:35:00 AM  | 11:06:00 AM | 2035 Tennessee St, BR, LA, 70802 to 3813 N. Flannery Rd, BR, LA, 70814  | 112197   | 112210 | 13         |           |     |      |           |      |                |
| 8/15/17                         | 3:25 pm      | 4:10 pm     | 3813 N. Flannery Rd, BR, LA 70814 to 19056 Plank Rd, Baker, LA          | 111226   | 111240 | 14         |           |     |      |           |      |                |
|                                 |              |             | 19056 Plank Rd, Baker, LA to 3813 N. Flannery Rd, BR, LA 70814          | 111240   | 111254 | 14         |           |     |      |           |      |                |
|                                 |              |             |   |          |        | 0          |           |     |      |           |      |                |
|                                 |              |             |   |          |        | 0          |           |     |      |           |      |                |
| 8/24/2017                       |              |             |   |          |        | 0          |           |     |      |           |      |                |
| 8/24/2017                       |              |             |   |          |        | 0          |           |     |      |           |      |                |

Summary: 288 miles  
 x .51  
 \$146.88

148  
 0.51

Total Miles Traveled  
 Rate per Mile  
 Total Amount to Bill

ACH = \$146.88

[Help](#) [Sign Out](#)



[Home](#) [Accounts](#) [Management Tools](#) [Account Services](#) [Print](#)

Transfer Confirmation as of 09/08/2017 9:44 AM

|                              |                |  |        |
|------------------------------|----------------|--|--------|
| CARE PREGNANCY CLINI         |                | Transfer Summary   |        |
| Transfer Date:               | 09/11/2017     | Number of Transfer Items:  | 1      |
| Transfer Amount:             | 146.88         | Total of Transfer Amounts:                                       | 146.88 |
| From Account Nickname:       | LCP CHECKING   | Important: You May Want to Print this Page for Future Reference. |        |
| From Institution R/T Number: | [REDACTED]     |  |        |
| From Account Type:           | Demand Deposit |  |        |
| From Account:                | [REDACTED]     |  |        |
| To Institution R/T Number:   | [REDACTED]     |  |        |
| To Account Type:             | Demand Deposit |  |        |
| To Account:                  | [REDACTED]     |  |        |
| Confirmation Number:         | 118379776      |  |        |
| Status:                      | Approved       |  |        |

MEMBER FDIC eStatement/Notice enrollment EQUAL HOUSING LENDER VERISIGN TRUSECURE CONTACT US  
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24

website  
adAmerica 163.95  
Wufoo - 14.95

media  
adchoice 174.00

PO# 2000 224936

printing print+copy 1669.80

copy machine - delage 250.00

SECTION D

internet - ctt 195.00  
out

OPERATING EXPENSES

KnowforSure 875.00

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| 1,669.80 + |
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| 3,342.70 * |
| 0.00       |

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| 3,342.70 * |
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# Ad America<sup>★</sup>

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

| Date     | Invoice # |
|----------|-----------|
| 8/1/2017 | 225337    |

|   |
|---|
| <b>Bill To</b>  |
| Caring to Love Ministries<br>Life Choice Project<br>Dorothy Wallis<br>3813 North Flannery Road<br>Baton Rouge, LA 70814 |

| Terms  | Account # |
|--------|-----------|
| Net 30 |           |

| Quantity   | Description                                 | Rate         | Amount   |
|--|---|--------------|----------|
| 1  | Monthly maintenance fee for Life Choice.org | 163.95       | 163.95   |
| PO# 2000 224936-0817   |   | Page 1 of 6  |          |
| SECTION D-Operating Expense-Printing                               |   |              |          |
| LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America |   |              |          |
| Plus 1669.80 Print & Copy equals \$2007.75                         |   |              |          |
|  |   | <b>Total</b> | \$163.95 |

# Ad America<sup>★</sup>

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

| Date     | Invoice # |
|----------|-----------|
| 8/1/2017 | 225336    |

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

| Terms  | Account # |
|--------|-----------|
| Net 30 |           |

| Quantity   | Description                             | Rate         | Amount          |
|--|---|--------------|-----------------|
| 1  | Monthly maintenance fee for Achoice.org | 174.00       | 174.00          |
| PO# 2000 224936-0817   |   | Page 2 of 6  |                 |
| SECTION D-Operating Expense-Printing                               |   |              |                 |
| LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America |   |              |                 |
| Plus 1669.80 Print & Copy equals \$2007.75                         |   |              |                 |
|  |   | <b>Total</b> | <b>\$174.00</b> |

Ad America

Bill To:  
Caring to Love Ministries  
NA  
NA, NA 00000

Ship To:

Account : XXXXXXXXXXXXX0848  
Trx Type : Sale  
Order : VT911201715429  
Auth : APPROVED 02916G

Amount : \$331.95  
Tax : \$0.00  
Total : \$331.95

+ \$6.<sup>00</sup> = 337.95 (see next page)

*Vendor made error when  
processing payment.*

Cardmember Acknowledges Receipt Of  
Goods and/or Services In The Amount Of  
The Total Shown Hereon And Agrees To  
Perform The Obligations Set Forth By The  
Cardmember's Agreement With The Issuer

X\_\_\_\_\_

PO# 2000 224936-0817

Page 3 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 1669.80 Print & Copy equals \$2007.75



Ad America

Bill To:  
Caring to Love Ministries  
NA  
NA, NA 00000

Ship To:

Account : XXXXXXXXXXXXX0848  
Trx Type : Sale  
Order : VT912201795512  
Auth : APPROVED 05384G

Amount : \$6.00 + \* 331.95 = \* 337.95 (see previous page)  
Tax : \$0.00  
Total : \$6.00

Cardmember Acknowledges Receipt Of  
Goods and/or Services In The Amount Of  
The Total Shown Hereon And Agrees To  
Perform The Obligations Set Forth By The  
Cardmember's Agreement With The Issuer

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PO# 2000 224936-0817

Page 4 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 1669.80 Print & Copy equals \$2007.75



**Invoice**  
 Invoice Number:  
 27693  
 Invoice Date:  
 Aug 1, 2017  
 Page:  
 1

**Sold To:**  
 Caring to Love Ministries  
 3813 N Flannery Rd  
 Baton Rouge, LA 70814

**Ship to:**

| Customer ID  |      | Customer PO            |            | Payment Terms |          |
|--------------|------|------------------------|------------|---------------|----------|
| 127225       |      |                        |            | Net 10 Days   |          |
| Sales Rep ID |      | Job #                  |            | Ship Date     | Due Date |
|              |      | 19207                  |            |               | 8/11/17  |
| Quantity     | Item | Description            | Unit Price | Extension     |          |
| 1.00         |      | 2500 Multi Form Intake | 843.00     | 843.00        |          |
| 1.00         |      | 2500 Consent form      | 480.00     | 480.00        |          |
| 1.00         |      | 1000 Tanf EZ           | 195.00     | 195.00        |          |
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**SECTION D-Operating Expense-Printing**

|  |                        |          |
|--|------------------------|----------|
| LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America | Subtotal               | 1,518.00 |
|  | Sales Tax              | 151.80   |
| Plus 1669.80 Print & Copy equals \$2007.75                         | Total Invoice Amount   | 1,669.80 |
| Check/Credit Memo No:  | Payment/Credit Applied |          |
|  | <b>TOTAL</b>           | 1,669.80 |

We appreciate your business!  
 13231 Coursey Boulevard • Baton Rouge, LA 70816 • Offc: 225.752.8415 • Fax: 225.752.6336  
 E-mail: pccenter@bellsouth.net

30

[illegible]

Page 6 of 6

**Plus 1669.80 Print & Copy equals \$2007.75**



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

## REMITTANCE SECTION

Invoice Number: 55878260  
Due Date: 09/15/2017  
Due This Period: \$555.75

Amount Enclosed: \$ \_\_\_\_\_

Please make check payable to:

CARE PREGNANCY CLINIC  
ATTN AP  
3813 N FLANNERY RD  
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



2100000558782600000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25427116  
Invoice Number: 55878260  
Account Number: 854059  
Site Number: 3951293  
Invoice Date: 08/20/2017  
Period of Performance: 08/15/2017-09/14/2017  
Due This Period: \$555.75

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

## IMPORTANT MESSAGES

\*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

## INVOICE DETAILS

| Description                   | Payment Amount | Tax     | Total Amount | Applied Amount | Remaining Amount Due |
|-------------------------------|----------------|---------|--------------|----------------|----------------------|
| PAYMENT                       | \$480.89       | \$48.10 | \$528.99     | \$0.00         | \$528.99             |
| INSURANCE                     | \$24.34        | \$2.42  | \$26.76      | \$0.00         | \$26.76              |
| Billed this Invoice           | \$505.23       | \$50.52 | \$555.75     | \$0.00         | \$555.75             |
| Balance Due Previous Invoices |                |         |              |                | \$0.00               |
| Total Amount Due              |                |         |              |                | \$555.75             |

(Please see the following pages for details.)

## ASSET DETAILS

| Contract Number   | Serial Number | Purchase Order | Make / Model       | Asset Number | Install Date | Cost Center | Department | Payment Amount | Tax     | Total Amount |
|---|---------------|----------------|--------------------|--------------|--------------|-------------|------------|----------------|---------|--------------|
| 25427116  | CFKF68491     |                | TOSHIBA / ES3505AC | 25427116_1   |              |             |            | \$294.56       | \$29.46 | \$324.02     |
| Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States |               |                |                    |              |              |             |            |                |         |              |
| 25427116  | DRL28209      |                | CANON / IR1025IF   | 25427116_3   |              |             |            | \$27.75        | \$2.78  | \$30.53      |
| Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States |               |                |                    |              |              |             |            |                |         |              |
| 25427116  | IRP09682      |                | CANON / IRA4035    | 25427116_2   |              |             |            | \$158.58       | \$15.88 | \$174.44     |
| Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States |               |                |                    |              |              |             |            |                |         |              |

## SECTION D-Operating Expense-Copy Machine

Asset Amount Total: \$528.99

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

# Confirmation

**Thank You!** Your payment has been made.

## CARE PREGNANCY CLINIC

Dorothy Wallis  
ATTN A P  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

|                       |                                       |
|-----------------------|---------------------------------------|
| <b>Payment Date</b>   | 9/05/2017                             |
| <b>Payment Method</b> | CTLM Operating WHITNEY BANK *****6569 |
| <b>Total Payment</b>  | \$555.75                              |

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Friday, September 01, 2017 12:00 PM ET will be posted on Friday, September 01, 2017. Payments confirmed after Friday, September 01, 2017 12:00 PM ET will be posted on Tuesday, September 05, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

| Confirmation Number | Account Nbr - Site ID | Invoice Date | Invoice Number | Due Date  | Amount Due | Payment Amount |
|---------------------|-----------------------|--------------|----------------|-----------|------------|----------------|
| 3104836213          | 854059-3951293        | 8/20/2017    | 55878260       | 9/15/2017 | \$555.75   | \$555.75       |

PO# 2000 224936-0817

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.





at&amp;t

CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page 1 of 2  
Account Number 171-800-0934 001  
Billing Date Aug 19, 2017  
Questions? 1 800 358-1111  
Web Site att.com

Invoice 7884638308  
AT&T Tax ID 13-4924710

# Invoice

## Bill-At-A-Glance

|                         |                 |
|-------------------------|-----------------|
| Previous Bill           | 699.40          |
| Payment - Thank You!    | 699.40CR        |
| Adjustments             | .00             |
| Balance                 | .00             |
| Current Charges         | 700.72          |
| <b>Total Amount Due</b> | <b>\$700.72</b> |
| Payment Due Date        | Sep 18, 2017    |

## Billing Summary

For detailed information of your charges go to  
[www.businessdirect.att.com](http://www.businessdirect.att.com)

Questions? Call: 1 800 358-1111

### AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge  
Sub-Account #829-000-2551 191 666.22  
Sub-Account #831-000-8867 906 34.50  
Total Group #000001 700.72

**Total Current Charges 700.72**

## News You Can Use

### News You Can Use

#### ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service if a delinquent account has caused an interruption. This fee will be applicable to each account that is being restored and

### News You Can Use

**ACCOUNT STATUS - Continued**  
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

#### JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

#### REGULATORY NEWS

\*\*\*\*Important News About Your Account\*\*\*\*

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

[http://serviceguide.att.com/servicelibrary/business/ext/state\\_tariff\\_buss.cfm](http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm)

#### Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at:  
<http://www.att.com/business/agreement>. Important limits of liability

## SECTION D-Operating Expense-Internet

**LCP Budget to reimburse CTLM = \$195.00 AT&T**



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

**From:** g45809@att.com  
**To:** vickiebdavis@gmail.com  
**Sent:** Sep 5, 2017 11:36:44 AM EDT  
**Subject:** RE: I need to pay our invoice by credit card when you get this email for Caring To Love Ministries

## Make a Payment

Account: [REDACTED]  
 Bill Name: **CARING TO LOVE MINISTRIES**

### Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

**Note:** If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

| Payment Method   | Confirmation    | Payment Date | Amount   |
|--|-----------------|--------------|----------|
| Checking ...6569<br>WHITNEY BANK<br>CARING TO LOVE MINISTRIES<br>...6569 | 5KY7CSR1103Z7C0 | 09/05/17     | \$700.72 |

| Invoice Number | Invoice Amount | Invoice Current Charges | Payment Amount |
|----------------|----------------|-------------------------|----------------|
| 7864638308     | 700.72         | 700.72                  | 700.72         |

Regards,  
 Damon Sandness  
 AT&T MERK Escalation Team  
 Tel.: (866) 502-9421  
 Email: ds565d@att.com

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**From:** Vickie Davis [mailto:vickiebdavis@gmail.com]  
**Sent:** Friday, September 01, 2017 10:59 PM  
**To:** MWSE\_PCG\_Collections <G45809@att.com>  
**Subject:** I need to pay our invoice by credit card when you get this email for Caring To Love Ministries

I am the accountant from Caring to Love Ministries. Our Account # is 171-800-0934-001. I need to pay our invoice # 7864638308 dated 8/19/17 for \$700.72 when you receive this email.

Can you call me so I can make a payment over the phone with you using our CTLM Business credit card? I will need a receipt emailed back to me for proof of payment.

**LCP Budget to reimburse CTLM = \$195.00 AT&T**  
 Thank you for your help.



Wufoo.com Bill #2308800

\*\*\* Paid by Credit Card \$14.65 Wufoo.com \*\*\*

Wufoo Billing &lt;no-reply@wufoo.com&gt;

Sun 8/20/2017 10:03 AM

To: webdevelopment webdevelopment &lt;webdevelopment@ctlm.org&gt;; luv luv &lt;luv@ctlm.org&gt;;

Wufoo!

**Infinity Box Inc.**

3050 South Delaware Street  
San Mateo, CA 94403  
United States

**Billed To:**

Dorothy H Wallis  
3813 N. Flannery Road  
70814  
United States

**2017-08-20****Transaction ID : # 2308800****Wufoo Bill**

Thanks for your payment! This email confirms that your credit card ending in **0848** was charged **\$14.95** for your Wufoo subscription. This transaction will appear on your credit card statement from "Wufoo.com/charge/" Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to [billing@wufoo.com](mailto:billing@wufoo.com).

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See [/docs/cancel/]Cancellation Information for more details.

Thanks again for using Wufoo and happy form building!

**The Wufoo Team****Description :**

Wufoo Subscription - From : August 20, 2017 to September 20, 2017

**Price : \$14.95****Amount Paid :  
\$14.95****Account Name :  
ctlm**

If you would like to view past bills, change your billing details or cancel payments, [login](#) to Wufoo and click on the Account tab at the top to view and make changes to your billing preferences at any time.

# INVOICE

Date 8/31/2017

[illegible]

## Payment

**Please make check payable to:**  
**Caring to Love Ministries**  
**3813 N. Flannery Road**  
**Baton Rouge, LA 70814**

**Office Use Only**

## SECTION D Operating Expense-KNOWforSURE

**LCP Budget to reimburse CTLM = \$875.00 for month**

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|  |  |   |
|--|--|---|
| <b>KNOW FOR SURE</b><br>Transfer Date: 09/11/2017<br>Transfer Amount: 875.00<br>From Account Nickname: LCP CHECKING<br>From Institution R/T Number: [REDACTED]<br>From Account Type: Demand Deposit<br>From Account: [REDACTED]<br>To Institution R/T Number: [REDACTED]<br>To Account Type: Demand Deposit<br>To Account: [REDACTED]<br>Confirmation Number: [REDACTED]<br>Status: Approved |  | <b>Transfer Summary</b><br>Number of Transfer Items: 1<br>Total of Transfer Amounts: 875.00<br>Important: You May Want to Print this Page for Future Reference. |
|--|--|---|

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## SECTION D Operating Expense-KNOWforSURE

**LCP Budget to reimburse CTLM = \$875.00 for month**

39

PO# 2000 224936

SECTION F

PROFESSIONAL

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2,300. +

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1,200. +

700. +

487.5 +

250. +

7,137.5 \*

0-C



Direct Mailing Services, Inc.

ACH = \$2200.00

**Invoice**12562 N Lake Shore Dr  
Walker, LA 70785

| Date      | Invoice # |
|-----------|-----------|
| 8/31/2017 | 555       |

|  |
|--|
| <b>Bill To</b>   |
| Life Choice Project<br>CTLM<br>3813 N Flannery Rd<br>Baton Rouge, LA 70814 |

| P.O. No. | Terms | Project |
|----------|-------|---------|
|          | Net 5 |         |

| Quantity                                    | Description                                     | Rate         | Amount     |
|---|---|--------------|------------|
| 1   | Life Choice Accounting Services for August 2017 | 2,200.00     | 2,200.00   |
| Thank you for the opportunity to serve you! |   | <b>Total</b> | \$2,200.00 |

Life Choice Project  
 Caring To Love Ministries  
 PO # 2000 224936-0717  
 August 2017

ACH = \$2200.00

**Detailed Description for Professional: Accounting Services**

|                  |              | Direct Mailing Services (Vickie Davis)   | <u>\$ 2,200.00</u> |
|------------------|--------------|--|--------------------|
| <u>Date</u>      | <u>Hours</u> | <u>Description</u>   |                    |
| 8/1/2017         | 8            | Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due  |                    |
| 8/7/2017         | 10           | Completed payroll and paid any Accounts Payable invoices<br>Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures,<br>Paid payroll taxes, unemployment premium for prior month<br>Verified receipt of all Subcontractors billing documents,  |                    |
| 08/08-08/10/2017 | 14           | Completed any A/P and filed documents<br>Paid LCP invoices received<br>Continue preparing billing for this month's invoice<br>Entered all Subcontractors Front Pages and analyze MTS to Actuals served,<br>Balanced prior month bank statements,<br>Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed,<br>Begin ACH payments that are approved<br>Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget |                    |
| 8/14/2017        | 8            | Completed any A/P and filed documents<br>Paid LCP invoices received<br>Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing:<br>Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month   |                    |
| 8/21/2017        | 8            | Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials<br>Completed payroll and paid any Accounts Payable invoices; filed documents<br>Update all LCP worksheets to track budget and services   |                    |
| 8/28/2017        | 9            | Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing<br>Prepare for all ACH payments due next week<br>Compare LCP expenditures to Budget   |                    |
| 8/31/2017        | 6            | Pay A/P bills due<br>Made copies of any LCP cancelled checks or credit card receipts to include in billing<br>Verify all LCP bills for month are paid and cleared bank   |                    |
|                  | <u>63</u>    | <u>Total Hours Worked</u>  |                    |

ACH = \$2200.00

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|                              |                |   |          |
|------------------------------|----------------|---|----------|
| <b>DIRECT MAIL SERVICE</b>   |                | <b>Transfer Summary</b>   |          |
| Transfer Date:               | 09/11/2017     | Number of Transfer Items:   | 1        |
| Transfer Amount:             | 2,200.00       | Total of Transfer Amounts:  | 2,200.00 |
| From Account Nickname:       | LCP CHECKING   | <b>Important: You May Want to Print this Page for Future Reference.</b> |          |
| From Institution R/T Number: | [REDACTED]     |   |          |
| From Account Type:           | Demand Deposit |   |          |
| From Account:                | [REDACTED]     |   |          |
| To Institution R/T Number:   | [REDACTED]     |   |          |
| To Account Type:             | Demand Deposit |   |          |
| To Account:                  | [REDACTED]     |   |          |
| Confirmation Number:         | [REDACTED]     |   |          |
| Status:                      | Approved       |   |          |

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## Resources for Communities

Garcia Bodley  
P.O. Box 73215  
Baton Rouge, LA 70874  
Phone: (225) 328-1965

Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814  
(225) 273-1124

## INVOICE

Invoice #: 2017-800

For: Services: August, 2017

Location: Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814

| Date(s)                  | Description of Services Performed  | # of Hours | Rate of Pay | Amount Billed |
|--------------------------|--|------------|-------------|---------------|
| 8/7, 8/8                 | As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.  | 3          |             |               |
| 8/2, 8/10, 8/23          | As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies. | 3          |             |               |
| ongoing throughout month | Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides   | 2          |             |               |
| ongoing                  | Development and editing of E-Choice Month Newsleter  | 6          |             |               |
| 8/9, 8/20                | Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers  | 2          |             |               |
|                          |  | 16         | \$ 75.00    | \$1,200.00    |



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## Transfer Confirmation as of 09/07/2017 5:43 PM

|                              |                |   |          |
|------------------------------|----------------|---|----------|
| <b>WOMEN RESOURCES COMM</b>  |                | <b>Transfer Summary</b>   |          |
| Transfer Date:               | 09/11/2017     | Number of Transfer Items:   | 1        |
| Transfer Amount:             | 1,200.00       | Total of Transfer Amounts:  | 1,200.00 |
| From Account Nickname:       | LCP CHECKING   | <b>Important: You May Want to Print this Page for Future Reference.</b> |          |
| From Institution R/T Number: | [REDACTED]     |   |          |
| From Account Type:           | Demand Deposit |   |          |
| From Account:                | [REDACTED]     |   |          |
| To Institution R/T Number:   | [REDACTED]     |   |          |
| To Account Type:             | Demand Deposit |   |          |
| To Account:                  | [REDACTED]     |   |          |
| Confirmation Number:         | [REDACTED]     |   |          |
| Status:                      | Approved       |   |          |

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ACH = \$1200.00

45

**Randy Rice and Associates ACH = \$700.00**8221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451**Invoice**

| DATE      | INVOICE # |
|-----------|-----------|
| 8/31/2017 | 13910     |

|   |
|---|
| Louisiana Life Choice Project<br>3813 North Flannery<br>Baton Rouge, LA 70814 |
|---|

| DESCRIPTION   | AMOUNT                |
|---|-----------------------|
| August PR Invoice<br><br>Life Choice:<br>LPC Public Relations<br>20.50 Hrs @ \$39.00 per hour<br><br>4-Gathering of ratings for Radio and/or Television for each station 8-4-16<br>2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 8-4-16<br>3.0-Negotiation of rates for each of the Radio and/or Television Stations 8-5-16<br>4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 8-5-16<br>2-Audit of all invoices from each station to ensure that all spots ran as ordered 8-18-16<br>1.5-Send discrepancy notices for all spots not ran correctly 8-18-16<br>1-Issuance of credit in the event spots ran incorrectly 8-18-16<br>1-Arrange for Deliverables 8-18-16<br>1.5-Processing and delivery of Deliverables 8-18-16 | 700.00                |
| Thank you for your business.  | <b>Total</b> \$700.00 |

ACH = \$700.00

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## Transfer Confirmation as of 09/07/2017 5:43 PM

|                              |                |   |        |
|------------------------------|----------------|---|--------|
| RANDY RICE & ASSOC           |                | Transfer Summary  |        |
| Transfer Date:               | 09/11/2017     | Number of Transfer Items:   | 1      |
| Transfer Amount:             | 700.00         | Total of Transfer Amounts:  | 700.00 |
| From Account Nickname:       | LCP CHECKING   | <b>Important: You May Want to Print this Page for Future Reference.</b> |        |
| From Institution R/T Number: | [REDACTED]     |   |        |
| From Account Type:           | Demand Deposit |   |        |
| From Account:                | [REDACTED]     |   |        |
| To Institution R/T Number:   | [REDACTED]     |   |        |
| To Account Type:             | Demand Deposit |   |        |
| To Account:                  | [REDACTED]     |   |        |
| Confirmation Number:         | 116372161      |   |        |
| Status:                      | Approved       |   |        |

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ACH = \$487.50

**Invoice****Kathleen Benfield Consultants**

P.O. Box 10305  
New Orleans, LA 70181

Invoice #: 201168  
Invoice Date: 8/31/2017

|       |        |
|-------|--------|
| Terms | Net 30 |
|-------|--------|

**Bill To:**

Life Choice Project  
Dorothy Wallis  
3813 N. Flannery Rd.  
Baton Rouge, LA 70814

| Description  | Rate  | Hours/Qty | Amount          |
|--|-------|-----------|-----------------|
| Services for August, 2017 including training, modifications to web based database, reporting and technical support |       |           | 0.00            |
| Database upgrade   | 75.00 | 3         | 225.00          |
| 08/01/17 Center technical support  | 75.00 | 0.5       | 37.50           |
| 08/02/17 Center technical support  | 75.00 | 1         | 75.00           |
| 08/21/17 Technical support   | 75.00 | 1         | 75.00           |
| 08/31/17 Technical support   | 75.00 | 1         | 75.00           |
| <b>Total</b>   |       |           | <b>\$487.50</b> |

| Phone #      | E-Mail                        |
|--------------|-------------------------------|
| 504-737-9030 | kathleen@kathleenbenfield.com |

**Balance Due** \$487.50

ACH = \$487.50

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Transfer Confirmation as of 09/07/2017 5:44 PM

|  |  |   |
|--|--|---|
| <b>K BENFIELD &amp; ASSOC</b><br>Transfer Date: 09/11/2017<br>Transfer Amount: 487.50<br>From Account Nickname: LCP CHECKING<br>From Institution R/T Number: [REDACTED]<br>From Account Type: Demand Deposit<br>From Account: [REDACTED]<br>To Institution R/T Number: [REDACTED]<br>To Account Type: Demand Deposit<br>To Account: [REDACTED]<br>Confirmation Number: 116379874<br>Status: Approved |  | <b>Transfer Summary</b><br>Number of Transfer Items: 1<br>Total of Transfer Amounts: 487.50<br>Important: You May Want to Print this Page for Future Reference. |
|--|--|---|

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Turn Key Solutions, LLC  
11911 Justice Avenue  
Baton Rouge, LA 70816  
(225) 751-4444



**PAID**  
By CC ... 0848  
8/16/17

|   |
|---|
| <b>Bill To:</b>   |
| Caring To Love Ministries<br>Attn: Dorothy Wallis<br>3813 N. Flannery Road<br>Baton Rouge, LA 70814-8002<br>United States |

|              |                |
|--------------|----------------|
| <b>Date:</b> | <b>Invoice</b> |
| 08/01/2017   | 10028680       |

|              |                 |                  |                            |
|--------------|-----------------|------------------|----------------------------|
| <b>Terms</b> | <b>Due Date</b> | <b>PO Number</b> | <b>Reference</b>           |
| Net 30 days  | 08/31/2017      |                  | Monthly Billing for August |

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"  
SEATS INCLUDED: 7  
HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- \* The full TKS Partner Pulse Process
- \* Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- \* Network Security & Risk Assessment Scheduled regularly throughout the year
- \* TKS' Gold Standard Implementation at no extra cost
- \* Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- \* Offsite monitoring and log review of your firewall
- \* 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- \* vCIO In-Person Meeting Schedule: \_\_\_\_\_, and unlimited remote consultation on request for your strategy or other IT questions
- \* Onsite Wellness Checkups Schedule: \_\_\_\_\_, and constant remote monitoring
- \* Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- \* Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- \* Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- \* Remote support to restore service is included and not billable
- \* Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- \* We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- \* Unlimited remote Server Administration, User Account Management
- \* We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- \* Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- \* Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- \* Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- \* PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- \* 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- \* All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- \* Not included, available separately

|  |                          |          |
|--|--------------------------|----------|
| Please make checks payable to Turn Key Solutions, LLC<br>Mail to: 11911 Justice Ave, Baton Rouge, LA 70816<br>or use <a href="https://www.billandpay.com/go/turnkey">https://www.billandpay.com/go/turnkey</a><br>Thank you! | <b>Invoice Subtotal:</b> | 1,131.04 |
|  | <b>Sales Tax:</b>        | 112.82   |
|  | <b>Invoice Total:</b>    | 1,243.86 |

### Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

50

**Payment Receipt**  
**TurnKey Solutions, LLC**  
 11911 Justice Ave  
 Baton Rouge, LA 70816  
 225-751-4444  
 ar@turnkeysol.com

Date: 08/16/2017

Confirmation Code: 1280125-6588-1645096887

Customer: Caring To Love Ministries

Amount: \$1,243.86

Name On Account: Dorothy H. Wallace

Account: Credit Card \*\*\*\*\*0848

| Item | Date Created | Due Date | Amount Paid |
|------|--------------|----------|-------------|
|      |              |          | \$1,243.86  |

**Section F Professional-Information Technology Cons.-Turnkey**

**LCP Budget to reimburse CTLM = \$250.00**

ACH \$800+\$200+400+\$250+\$500+\$150=\$1900.00  
**J HAM ENTERPRISES, INC.**

# INVOICE

**Date:** August 31, 2017

**Attention:** Dorothy Wallis

**Bill to:**

Caring to Love Ministries  
 3813 North Flannery Rd.  
 Baton Rouge, LA 70814

**Remit to:**

J Ham Enterprises, Inc.  
 812 Sandy Lane  
 Ruston, LA 71270

**Description**

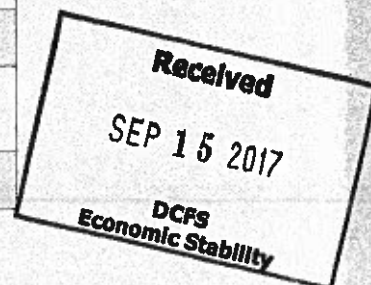
Pregnancy Help Center Consulting  
 August 2017  
 27 hours @ \$30.00 per hour

**Amount Due:**

\$800.00

**Summary description of activities by category:**

| Hours | Activity   |
|-------|--|
| 10    | Daily compilation and submission of center client visits   |
| 8     | Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette<br>-Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director |
| 2     | Preparation, Completion, & Submission of Compliance Documents  |
| 3     | Phone conferences with LCP Director  |
| 2     | Communication with Directors concerning reporting requirements and daily standings   |
| 2     | Administrative Record Keeping  |





ACH \$800+\$200 +~~400~~ +\$250+\$500+\$150 = ~~\$1900.00~~ <sup>\$2300.00</sup>

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|                              |                |  |        |
|------------------------------|----------------|--|--------|
| J. HAM INC                   |                | Transfer Summary   |        |
| Transfer Date:               | 09/11/2017     | Number of Transfer Items:  | 1      |
| Transfer Amount:             | 800.00         | Total of Transfer Amounts:                                       | 800.00 |
| From Account Nickname:       | LCP CHECKING   | Important: You May Want to Print this Page for Future Reference. |        |
| From Institution R/T Number: | [REDACTED]     |  |        |
| From Account Type:           | Demand Deposit |  |        |
| From Account:                | [REDACTED]     |  |        |
| To Institution R/T Number:   | [REDACTED]     |  |        |
| To Account Type:             | Demand Deposit |  |        |
| To Account:                  | [REDACTED]     |  |        |
| Confirmation Number:         | 116387711      |  |        |
| Status:                      | Approved       |  |        |

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ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

## J HAM ENTERPRISES, INC.

## INVOICE

**Date:** August 30, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**

J Ham Enterprises, Inc.  
812 Sandy Lane  
Ruston, LA 71270

**Description**

Coordinate Pregnancy Resource Development  
August 2017  
13.3 hours @ \$30.00 per hour

**Amount Due:**

\$400.00

## Summary description of activities by category:

| Hours | Activity   |
|-------|--|
| 5     | Assisting new centers with paperwork flow and policy   |
| 2     | Consultation with center directors regarding reporting |
| 6.3   | Review of documents                                    |

ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

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Transfer Confirmation as of 09/12/2017 10:11 AM

|                              |                |  |        |
|------------------------------|----------------|--|--------|
| J. HAM INC                   |                | Transfer Summary   |        |
| Transfer Date:               | 09/13/2017     | Number of Transfer Items:  | 1      |
| Transfer Amount:             | 400.00         | Total of Transfer Amounts:                                       | 400.00 |
| From Account Nickname:       | LCP CHECKING   | Important: You May Want to Print this Page for Future Reference. |        |
| From Institution R/T Number: | [REDACTED]     |  |        |
| From Account Type:           | Demand Deposit |  |        |
| From Account:                | [REDACTED]     |  |        |
| To Institution R/T Number:   | [REDACTED]     |  |        |
| To Account Type:             | Demand Deposit |  |        |
| To Account:                  | [REDACTED]     |  |        |
| Confirmation Number:         | 3526           |  |        |
| Status:                      | Approved       |  |        |

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53.2



ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

| Id | Batch    | Name<br>Free Form Addenda     | Account    | Identification | Discretionary | Amount | Routing/Transit | Effective Date | Transaction Code       |
|----|----------|-------------------------------|------------|----------------|---------------|--------|-----------------|----------------|------------------------|
| ✓  | 00000001 | Caring To Love<br>August 2017 | 100526649  |                |               | 200.00 | 265070435       | 9/13/2017      | 27 Demand Auto Payment |
| ✓  | 00000001 | Lacey Bodley<br>August 2017   | 0927608513 |                |               | 200.00 | 085400137       | 9/13/2017      | 22 Demand Auto Deposit |
| ✓  | 00000001 |                               |            |                |               |        |                 | 9/13/2017      |                        |

**Batch 1 Entry Count****Batch 1 Total**

Debits: 200.00  
Credits: 200.00  
Difference: 0.00  
Totals: 400.00

**File Entry Count****File Total**

Debits: 200.00  
Credits: 200.00  
Difference: 0.00  
Totals: 400.00

55

ACH \$800+\$200+\$250+\$500+\$150=\$1900.00

+ 400.<sup>00</sup> = 2300.00**INVOICE****Date:** August 31, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**Michelle Dyess  
12238 Leblanc Ln  
Walker, LA 70785**Description**Pregnancy Help Center Consulting  
August 2017  
10 hours @ \$25.00 per hour**Amount due:**

\$250.00

## Summary description of activities by category:

| Hours | Activity   |
|-------|--|
| 8     | Compliance visits to Care Pregnancy Clinic, Restoration PRC, and Women's Life Ministries<br>- Audit of 10% of present month client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director |
| 2     | Preparation, completion, & Submission of Compliance Documents  |

ACH \$800 + \$200 + \$250 + \$500 + \$150 = ~~\$1900.00~~  
 + 400<sup>e</sup> = \$2300

| Hold | Batch   | Name                           | First Form Addenda | Account    | Identification | Discretionary | Amount | Routing/Transit | Effective Date | Transaction Code       |
|------|---------|--------------------------------|--------------------|------------|----------------|---------------|--------|-----------------|----------------|------------------------|
| N    | 0000001 | Caring To Love<br>August 2017  |                    | [REDACTED] |                |               | 250.00 | 265070435       | 9/11/2017      | 27 Demand Auto Payment |
| N    | 0000001 | Michelle Dyeas<br>August 2017  |                    | [REDACTED] |                |               | 250.00 | 065000090       | 9/11/2017      | 22 Demand Auto Deposit |
| N    | 0000001 | Caring To Love<br>August 2017  |                    | [REDACTED] |                |               | 500.00 | 265070435       | 9/11/2017      | 27 Demand Auto Payment |
| N    | 0000001 | Alexis Farrugia<br>August 2017 |                    | [REDACTED] |                |               | 500.00 | 065000090       | 9/11/2017      | 22 Demand Auto Deposit |

**Batch 1 Total**  
 Debits: 750.00  
 Credits: 750.00  
 Difference: 0.00  
 Totals: 1,500.00

**Batch 1 Entry Count**  
 2  
 2  
 4

**File Total**  
 Debits: 750.00  
 Credits: 750.00  
 Difference: 0.00  
 Totals: 1,500.00

**File Entry Count**  
 2  
 2  
 4

ACH \$800+\$200+\$250+\$500+\$150=~~\$1900.00~~  
+ 400 = 2300

**INVOICE**

**Date:** August 31, 2017

**Attention:** Dorothy Wallis

**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**  
Alexis Farrugia  
416 Shrewsbury Ct.  
Jefferson, LA 70121

**Description**  
Pregnancy Help Center Consulting  
August 2017  
20 hours @ \$25.00 per hour

**Amount due:**  
\$500.00

**Summary description of activities by category:**

| Hours | Activity  |
|-------|---|
| 3     | Compliance visits to ACCESS Pregnancy Center<br>- Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director |
| 2     | Preparation, completion, & submission of Compliance Documents   |
| 15    | Review and verification of Clinic billing packets, compilation of error report  |



| id | Batch   | Name<br>First Form Addenda     | Account    | Identification | Discretionary | Amount | Routine/Transit | Effective Date | Transaction Code       |
|----|---------|--------------------------------|------------|----------------|---------------|--------|-----------------|----------------|------------------------|
| ✓  | 0000001 | Caring To Love<br>August 2017  | [REDACTED] |                |               | 250.00 | 265070435       | 9/11/2017      | 27 Demand Auto Payment |
| ✓  | 0000001 | Michelle Dyess<br>August 2017  | [REDACTED] |                |               | 250.00 | 065000090       | 9/11/2017      | 22 Demand Auto Deposit |
| ✓  | 0000001 | Caring To Love<br>August 2017  | [REDACTED] |                |               | 500.00 | 265070435       | 9/11/2017      | 27 Demand Auto Payment |
| ✓  | 0000001 | Alexis Farrugia<br>August 2017 | [REDACTED] |                |               | 500.00 | 065000090       | 9/11/2017      | 22 Demand Auto Deposit |

ACH \$800+\$200+\$200+\$250+\$500+\$150 = ~~\$1900.00~~+400.00 = ~~\$2300.00~~Batch 1 Total

Debits:

Credits: 750.00

Difference: 0.00

Totals: 1,500.00

Batch 1 Entry Count

2

2

4

File Total

Debits:

Credits: 750.00

Difference: 0.00

Totals: 1,500.00

File Entry Count

2

2

4

ACH \$800+\$200+\$250+\$500+\$150=\$1900.00

~~+400. = \$2300.~~**INVOICE****Date:** August 31, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**Emily Ilgenfritz  
10012 Rocky Knoll Circle  
Shreveport, LA 71106**Description**Pregnancy Help Center Consulting  
August 2017  
10 hours @ \$15.00 per hour**Amount due:**

\$150.00

**Summary description of activities by category:**

| Hours | Activity   |
|-------|--|
| 10    | Review and verification of Clinic billing packets, compilation of error report |

ACH \$800+\$200+\$250+\$500+\$150=~~\$1900.00~~  
 + 400.00 = \$2300.00

| Batch    | Name   | Account    | Identification | Discretionary | Amount | Routing/Transit | Effective Date | Transaction Code       |
|----------|--|------------|----------------|---------------|--------|-----------------|----------------|------------------------|
| 00000001 | Free Form Addenda<br>Caring To Love<br>August 2017 | [REDACTED] |                |               | 150.00 | 265070435       | 9/13/2017      | 27 Demand Auto Payment |
| 00000001 | Emily Igenfriz<br>August 2017                      | [REDACTED] |                |               | 150.00 | 111103650       | 9/13/2017      | 22 Demand Auto Deposit |
| 00000001 |  |            |                |               |        |                 | 9/13/2017      |                        |

**Batch 1 Total**

|             |        |                            |
|-------------|--------|----------------------------|
| Debits:     | 150.00 | <b>Batch 1 Entry Count</b> |
| Credits:    | 150.00 | 1                          |
| Difference: | 0.00   | 1                          |
| Totals:     | 300.00 | 2                          |

**File Total**

|             |        |                         |
|-------------|--------|-------------------------|
| Debits:     | 150.00 | <b>File Entry Count</b> |
| Credits:    | 150.00 | 1                       |
| Difference: | 0.00   | 1                       |
| Totals:     | 300.00 | 2                       |

**PO# 2000 224936**

**SECTION G**

**OTHER CHARGES**

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

\*\*\*August 2017 BILLED \*\*\*\*\*

**TOTAL ALL SUB REPORTS**

|                            |                                |     |
|----------------------------|--------------------------------|-----|
| Cumm from Last Month       | 180 Cumm 2nd Visits Last Month | 138 |
| Number of New Participants | 204 New 2nd Visits             | 141 |
| Cummulative Participants   | 384 Cumm 2nd Visits            | 279 |

| <u>Client Services</u>                    | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u>       |
|---|------------------|------------------|---------------------|
| 1 Intake Application Process              | \$ 10.00         | 204              | \$ 2,040.00         |
| 2 Positive Pregnancy Test                 | \$ 10.00         | 143              | \$ 1,430.00         |
| 3 Negative Pregnancy Test                 | \$ 10.00         | 61               | \$ 610.00           |
| 4 Abstinence Education                    | \$ 30.00         | 61               | \$ 1,830.00         |
| 5 Counseling                              | \$ 40.00         | 129              | \$ 5,160.00         |
| 6 Referral Services                       | \$ 10.00         | 141              | \$ 1,410.00         |
| 7 Health Risk Assessment                  | \$ 30.00         | 141              | \$ 4,230.00         |
| 8 Care Plan Development                   | \$ 80.00         | 143              | \$ 4,290.00         |
| 9 On-going Care                           | \$ 30.00         | 87               | \$ 2,610.00         |
| 10 Family Support Services                | \$ 40.00         | 82               | \$ 3,280.00         |
| 11 Home Outreach Support Services         | \$ 75.00         | 43               | \$ 3,225.00         |
| 12 Birth Outcome Confirmation             | \$ 40.00         | 53               | \$ 2,120.00         |
| <b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b> |                  | <b>1,288</b>     | <b>\$ 32,235.00</b> |

Amount Due \$ **32,235.00**

|                                       |              |
|---------------------------------------|--------------|
| Care Pregnancy Clinic                 | \$ 11,030.00 |
| Women's Resource Center of Natch LA   | \$ 6,430.00  |
| A Pregnancy Center                    | \$ 5,070.00  |
| Access Pregnancy-(Catholic Charities) | \$ 1,400.00  |
| Women's Life Ministries               | \$ 2,305.00  |
| Restoration House                     | \$ 4,040.00  |
| CPC-Gonzales                          | \$ 1,960.00  |

**TOTAL ALL CENTERS****\$ 32,235.00**

## Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization Care Pregnancy Clinic  
 Project Number LCP 17-18-01  
 Date of Report 08/01/2017 thru 08/31/2017  
 Report Submitted by Jashonda Monic Adams  
 Address 3813 N. Flannery Road  
 City, State, Zip Baton Rouge, LA 70814

New Pos. Clients: 47 2<sup>nd</sup>

Home 10

47 3<sup>rd</sup>

BirthOut

24

28

Description of Services

#Served

Reim. Cost

Total

Intake Application

76

\$10

\$760

Positive Pregnancy Test

47

\$10

\$470

Negative Pregnancy Test

29

\$10

\$290

Abstinence Education

29

\$30

\$870

Counseling

47

\$40

\$1,880

Referral Services

47

\$10

\$470

Health Risk Assessment

47

\$30

\$1,410

Care Plan Development

47

\$30

\$1,410

On-Going Care Monitoring

24

\$30

\$720

Family Support Services

11 22 24

\$40

~~\$960~~ 880 11

Home Outreach Support Services

10

\$75

\$750

Birth Outcome Confirmation

28

\$40

\$1,120

Total Services

4534

455

\$ 11,030. 11

\$11,110

Director Signature

Supervisor Signature

Data Entry Clerk's Signature

**SECTION G Coordinated Prenatal Care Services**

P.O.# 2000 224936

**Care Pregnancy Clinic****LCP 17-18-01**

|   |     |                            |    |
|---|-----|----------------------------|----|
| Cumm from Last Month                      | 65  | Cumm 2nd Visits Last Month | 47 |
| Number of New Participants for This Month | 76  | New 2nd Visits             | 47 |
| Cummulative Participants                  | 141 | Cumm 2nd Visits            | 94 |

**Client Services:**

|                                    | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u> |
|------------------------------------|------------------|------------------|---------------|
| 1 Intake Application Process       | \$ 10.00         | 76               | \$ 760.00     |
| 2 Positive Pregnancy Test          | \$ 10.00         | 47               | \$ 470.00     |
| 3 Negative Pregnancy Test          | \$ 10.00         | 29               | \$ 290.00     |
| 4 Abstinence Education             | \$ 30.00         | 29               | \$ 870.00     |
| 5 Counseling                       | \$ 40.00         | 47               | \$ 1,880.00   |
| 6 Referral Services                | \$ 10.00         | 47               | \$ 470.00     |
| 7 Health Risk Assessment           | \$ 30.00         | 47               | \$ 1,410.00   |
| 8 Care Plan Care                   | \$ 30.00         | 47               | \$ 1,410.00   |
| 9 On-going Care                    | \$ 30.00         | 24               | \$ 720.00     |
| 10 Family Support Services         | \$ 40.00         | 22               | \$ 880.00     |
| 11 Home Outreach Support Services  | \$ 75.00         | 10               | \$ 750.00     |
| 12 Birth Outcome Confirmation      | \$ 40.00         | 28               | \$ 1,120.00   |
| TOTAL SUB-CONTRACTOR REIMBURSEMENT |                  | 453              | \$ 11,030.00  |

Amount Due \$ 11,030.00

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|                              |                |  |           |
|------------------------------|----------------|--|-----------|
| CARE PREGNANCY CLINI         |                | Transfer Summary   |           |
| Transfer Date:               | 09/13/2017     | Number of Transfer Items:  | 1         |
| Transfer Amount:             | 11,030.00      | Total of Transfer Amounts:                                       | 11,030.00 |
| From Account Nickname:       | LCP CHECKING   | Important: You May Want to Print this Page for Future Reference. |           |
| From Institution R/T Number: | 2650-70435     |  |           |
| From Account Type:           | Demand Deposit |  |           |
| From Account:                | 100526649      |  |           |
| To Institution R/T Number:   | 0654-00153     |  |           |
| To Account Type:             | Demand Deposit |  |           |
| To Account:                  | 48236569       |  |           |
| Confirmation Number:         | 110043953      |  |           |
| Status:                      | Approved       |  |           |

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Request for Reimbursement Form  
Louisiana Life Choice Project  
Official Life Choice Project Monthly Reporting Form

Name of Organization Women's Resource Center  
Project Number 04-17-18  
Date of Report Aug-17  
Report Submitted by Beverly Broadway  
Address 107 North Street  
City, State, Zip Natchitoches, LA 71457

New Pos. Clients: 28  
Home 12  
Description of Services

28  
BirthOut  
#Served

16  
13  
Reim. Cost Total

Intake Application  
Positive Pregnancy Test  
Negative Pregnancy Test  
Abstinence Education  
Counseling  
Referral Services  
Health Risk Assessment  
Care Plan Development  
On-Going Care Monitoring  
Family Support Services  
Home Outreach Support Services  
Birth Outcome Confirmation

|    |      |         |
|----|------|---------|
| 33 | \$10 | \$330   |
| 28 | \$10 | \$280   |
| 5  | \$10 | \$50    |
| 5  | \$30 | \$150   |
| 28 | \$40 | \$1,120 |
| 28 | \$10 | \$280   |
| 28 | \$30 | \$840   |
| 28 | \$30 | \$840   |
| 16 | \$30 | \$480   |
| 16 | \$40 | \$640   |
| 12 | \$75 | \$900   |
| 13 | \$40 | \$520   |

Total Services

240  
244

6430  
\$6,590

Director Signature

Supervisor Signature

Data Entry Clerk's Signature



**SECTION G Coordinated Prenatal Care Services**

P.O.# 2000 224936

**Women's Resource Center of Natch LA LCP-17-18-04**

Cummm from Last Month 28 Cummm 2nd Visits Last Month 23

Number of New Participants for This Month 33 New 2nd Visits 28

Cumulative Participants 61 Cummm 2nd Visits 51

**Client Services:**

|                                    | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u> |
|------------------------------------|------------------|------------------|---------------|
| 1 Intake Application Process       | \$ 10.00         | 33               | \$ 330.00     |
| 2 Positive Pregnancy Test          | \$ 10.00         | 28               | \$ 280.00     |
| 3 Negative Pregnancy Test          | \$ 10.00         | 5                | \$ 50.00      |
| 4 Abstinence Education             | \$ 30.00         | 5                | \$ 150.00     |
| 5 Counseling                       | \$ 40.00         | 28               | \$ 1,120.00   |
| 6 Referral Services                | \$ 10.00         | 28               | \$ 280.00     |
| 7 Health Risk Assessment           | \$ 30.00         | 28               | \$ 840.00     |
| 8 Care Plan Care                   | \$ 30.00         | 28               | \$ 840.00     |
| 9 On-going Care                    | \$ 30.00         | 16               | \$ 480.00     |
| 10 Family Support Services         | \$ 40.00         | 16               | \$ 640.00     |
| 11 Home Outreach Support Services  | \$ 75.00         | 12               | \$ 900.00     |
| 12 Birth Outcome Confirmation      | \$ 40.00         | 13               | \$ 520.00     |
| TOTAL SUB-CONTRACTOR REIMBURSEMENT |                  | 240              | \$ 6,430.00   |

Amount Due \$ 6,430.00

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|  |  |   |
|--|--|---|
| <b>WOMENS RES CEN NATCH</b><br>Transfer Date: 09/13/2017<br>Transfer Amount: 6,430.00<br>From Account Nickname: LCP CHECKING<br>From Institution R/T Number: [REDACTED]<br>From Account Type: Demand Deposit<br>From Account: [REDACTED]<br>To Institution R/T Number: [REDACTED]<br>To Account Type: Demand Deposit<br>To Account: [REDACTED]<br>Confirmation Number: 110051636<br>Status: Approved |  | <b>Transfer Summary</b><br>Number of Transfer Items: 1<br>Total of Transfer Amounts: 6,430.00<br>Important: You May Want to Print this Page for Future Reference. |
|--|--|---|

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## Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization A Pregnancy Center & Clinic  
 Project Number 17-18-103  
 Date of Report 08/01/2017 thru 08/31/2017  
 Report Submitted by Patrice Lewis  
 Address 913 S. College Road, Suite 206  
 City, State, Zip Lafayette, LA 70503

New Pos. Clients:

20<sup>2nd</sup>  
 10<sup>3rd</sup>

BirthOut

#Served

18<sup>5th</sup>  
 5<sup>3rd</sup>

Reim. Cost

Total

Intake Application  
 Positive Pregnancy Test  
 Negative Pregnancy Test  
 Abstinence Education  
 Counseling  
 Referral Services  
 Health Risk Assessment  
 Care Plan Development  
 On-Going Care Monitoring  
 Family Support Services  
 Home Outreach Support Services  
 Birth Outcome Confirmation

30  
 20  
 10  
 10  
 20  
 20  
 20  
 20  
 18  
 12  
 10  
 5

|      |       |
|------|-------|
| \$10 | \$300 |
| \$10 | \$200 |
| \$10 | \$100 |
| \$30 | \$300 |
| \$40 | \$800 |
| \$10 | \$200 |
| \$30 | \$600 |
| \$30 | \$600 |
| \$30 | \$540 |
| \$40 | \$480 |
| \$75 | \$750 |
| \$40 | \$200 |

Total Services

195

\$5,070

Director Signature

Supervisor Signature

Data Entry Clerk's Signature

**SECTION G Coordinated Prenatal Care Services****P.O.# 2000 224936****A Pregnancy Center****LCP-17-18-103**

|   |    |                            |    |
|---|----|----------------------------|----|
| Cumm from Last Month                      | 28 | Cumm 2nd Visits Last Month | 27 |
| Number of New Participants for This Month | 30 | New 2nd Visits             | 20 |
| Cummulative Participants                  | 58 | Cumm 2nd Visits            | 47 |

**Client Services:**

|                                    | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u> |
|------------------------------------|------------------|------------------|---------------|
| 1 Intake Application Process       | \$ 10.00         | 30               | \$ 300.00     |
| 2 Positive Pregnancy Test          | \$ 10.00         | 20               | \$ 200.00     |
| 3 Negative Pregnancy Test          | \$ 10.00         | 10               | \$ 100.00     |
| 4 Abstinence Education             | \$ 30.00         | 10               | \$ 300.00     |
| 5 Counseling                       | \$ 40.00         | 20               | \$ 800.00     |
| 6 Referral Services                | \$ 10.00         | 20               | \$ 200.00     |
| 7 Health Risk Assessment           | \$ 30.00         | 20               | \$ 600.00     |
| 8 Care Plan Care                   | \$ 30.00         | 20               | \$ 600.00     |
| 9 On-going Care                    | \$ 30.00         | 18               | \$ 540.00     |
| 10 Family Support Services         | \$ 40.00         | 12               | \$ 480.00     |
| 11 Home Outreach Support Services  | \$ 75.00         | 10               | \$ 750.00     |
| 12 Birth Outcome Confirmation      | \$ 40.00         | 5                | \$ 200.00     |
| TOTAL SUB-CONTRACTOR REIMBURSEMENT |                  | 195              | \$ 5,070.00   |

Amount Due \$ 5,070.00

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A PREGNANCY CENTER  
**Transfer Date:** 09/13/2017  
**Transfer Amount:** 5,070.00  
**From Account Nickname:** LCP CHECKING  
**From Institution R/T Number:** [REDACTED]  
**From Account Type:** Demand Deposit  
**From Account:** [REDACTED]  
**To Institution R/T Number:** [REDACTED]  
**To Account Type:** Demand Deposit  
**To Account:** [REDACTED]  
**Confirmation Number:** 110055283  
**Status:** Approved

**Transfer Summary**  
**Number of Transfer Items:** 1  
**Total of Transfer Amounts:** 5,070.00  
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**Request for Reimbursement Form**  
**Louisiana Life Choice Project**  
**Official Life Choice Project Monthly Reporting Form**

Name of Organization      Type name here      Access Pregnancy & Referral Center  
 Project Number      Type project number here      17-18-107  
 Date of Report      Type date here      8/30/2017  
 Report Submitted by      Type submitted by here      M. Kugelmann  
 Address      Type address here      921 Aris Ave.  
 City, State, Zip      Type city,state, zip here      Metairie, La. 70005

New Pos. Clients:

|    |                 |
|----|-----------------|
| 14 | 2 <sup>nd</sup> |
| 0  |                 |

|    |                 |
|----|-----------------|
| 12 | 3 <sup>rd</sup> |
|    |                 |

|   |
|---|
| 4 |
| 0 |

Home

Description of Services

#Served

Reim. Cost

Total

Intake Application  
 Positive Pregnancy Test  
 Negative Pregnancy Test  
 Abstinence Education  
 Counseling  
 Referral Services  
 Health Risk Assessment  
 Care Plan Development  
 On-Going Care Monitoring  
 Family Support Services  
 Home Outreach Support Services  
 Birth Outcome Confirmation

|    |      |       |
|----|------|-------|
| 16 | \$10 | \$160 |
| 14 | \$10 | \$140 |
| 2  | \$10 | \$20  |
| 2  | \$30 | \$60  |
| 14 | \$40 | \$560 |
| 14 | \$10 | \$140 |
| 14 | \$30 | \$420 |
| 14 | \$30 | \$420 |
| 5  | \$30 | \$150 |
| 5  | \$40 | \$200 |
| 0  | \$75 | \$0   |
| 1  | \$40 | \$40  |

Total

Services

|     |
|-----|
| 76  |
| 101 |

|         |
|---------|
| \$1400  |
| \$2,310 |

Director Signature

*Michelle Black*

Supervisor Signature

*Margaret Murphy*

Data Entry Clerk's Signature

*Madeline Kugelmann*

**SECTION G Coordinated Prenatal Care Services**

P.O.# 2000 224936

**Access Pregnancy-(Catholic Charities) LCP-17-18-107-1**

|   |    |                            |    |
|---|----|----------------------------|----|
| Cumm from Last Month                      | 13 | Cumm 2nd Visits Last Month | 12 |
| Number of New Participants for This Month | 16 | New 2nd Visits             | 12 |
| Cummulative Participants                  | 29 | Cumm 2nd Visits            | 24 |

| <u>Client Services:</u>                   | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u>      |
|---|------------------|------------------|--------------------|
| 1 Intake Application Process              | \$ 10.00         | 16               | \$ 160.00          |
| 2 Positive Pregnancy Test                 | \$ 10.00         | 14               | \$ 140.00          |
| 3 Negative Pregnancy Test                 | \$ 10.00         | 2                | \$ 20.00           |
| 4 Abstinence Education                    | \$ 30.00         | 2                | \$ 60.00           |
| 5 Counseling                              | \$ 40.00         | -                | \$ -               |
| 6 Referral Services                       | \$ 10.00         | 12               | \$ 120.00          |
| 7 Health Risk Assessment                  | \$ 30.00         | 12               | \$ 360.00          |
| 8 Care Plan Care                          | \$ 30.00         | 14               | \$ 420.00          |
| 9 On-going Care                           | \$ 30.00         | 4                | \$ 120.00          |
| 10 Family Support Services                | \$ 40.00         | -                | \$ -               |
| 11 Home Outreach Support Services         | \$ 75.00         | -                | \$ -               |
| 12 Birth Outcome Confirmation             | \$ 40.00         | -                | \$ -               |
| <b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b> |                  | <b>76</b>        | <b>\$ 1,400.00</b> |

Amount Due \$ **1,400.00**



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|                              |                |  |          |
|------------------------------|----------------|--|----------|
| CATHOLIC CHARITIES           |                | Transfer Summary   |          |
| Transfer Date:               | 09/13/2017     | Number of Transfer Items:  | 1        |
| Transfer Amount:             | 1,400.00       | Total of Transfer Amounts:                                       | 1,400.00 |
| From Account Nickname:       | LCP CHECKING   | Important: You May Want to Print this Page for Future Reference. |          |
| From Institution R/T Number: | 2650-70435     |  |          |
| From Account Type:           | Demand Deposit |  |          |
| From Account:                | [REDACTED]     |  |          |
| To Institution R/T Number:   | [REDACTED]     |  |          |
| To Account Type:             | Demand Deposit |  |          |
| To Account:                  | [REDACTED]     |  |          |
| Confirmation Number:         | 110062623      |  |          |
| Status:                      | Approved       |  |          |

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## Louisiana Life Choice Project

## Official Life Choice Project Monthly Reporting Form

TR  
C  
R

Name of Organization Women's Life Ministries  
 Project Number 17-18 112  
 Date of Report August 1-August 31, 2017  
 Report Submitted by Teresa Ragusa  
 Address 109 E. Mulberry St.  
 City, State, Zip Amite, La. 70422

|                                | 9 2 <sup>nd</sup> | 9 3 <sup>rd</sup> | 4          |         |
|--------------------------------|-------------------|-------------------|------------|---------|
| New Pos. Clients:              | 3                 | BirthOut          | 3          |         |
| Home                           |                   | #Served           | Reim. Cost | Total   |
| Description of Services        |                   |                   |            |         |
| Intake Application             |                   | 12                | \$10       | \$120   |
| Positive Pregnancy Test        |                   | 9                 | \$10       | \$90    |
| Negative Pregnancy Test        |                   | 3                 | \$10       | \$30    |
| Abstinence Education           |                   | 3                 | \$30       | \$90    |
| Counseling                     |                   | 9                 | \$40       | \$360   |
| Referral Services              |                   | 9                 | \$10       | \$90    |
| Health Risk Assessment         |                   | 9                 | \$30       | \$270   |
| Care Plan Development          |                   | 9                 | \$30       | \$270   |
| On-Going Care Monitoring       |                   | 4                 | \$30       | \$120   |
| Family Support Services        |                   | 13                | \$40       | \$520   |
| Home Outreach Support Services |                   | 3                 | \$75       | \$225   |
| Birth Outcome Confirmation     |                   | 3                 | \$40       | \$120   |
| Total                          |                   | Services 86       |            | \$2,305 |

Director Signature

*Teresa Ragusa*

Supervisor Signature

*Carolyn...*

Data Entry Clerk's Signature

*Phyllis...*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Life MinistriesLCP17-18-112

|   |    |                            |    |
|---|----|----------------------------|----|
| Cumm from Last Month                      | 4  | Cumm 2nd Visits Last Month | 3  |
| Number of New Participants for This Month | 12 | New 2nd Visits             | 9  |
| Cummulative Participants                  | 16 | Cumm 2nd Visits            | 12 |

## REIMBURSEMENT

| <u>Client Services:</u>                   | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u>      |
|---|------------------|------------------|--------------------|
| 1 Intake Application Process              | \$ 10.00         | 12               | \$ 120.00          |
| 2 Positive Pregnancy Test                 | \$ 10.00         | 9                | \$ 90.00           |
| 3 Negative Pregnancy Test                 | \$ 10.00         | 3                | \$ 30.00           |
| 4 Abstinence Education                    | \$ 30.00         | 3                | \$ 90.00           |
| 5 Counseling                              | \$ 40.00         | 9                | \$ 360.00          |
| 6 Referral Services                       | \$ 10.00         | 9                | \$ 90.00           |
| 7 Health Risk Assessment                  | \$ 30.00         | 9                | \$ 270.00          |
| 8 Care Plan Care                          | \$ 30.00         | 9                | \$ 270.00          |
| 9 On-going Care                           | \$ 30.00         | 4                | \$ 120.00          |
| 10 Family Support Services                | \$ 40.00         | 13               | \$ 520.00          |
| 11 Home Outreach Support Services         | \$ 75.00         | 3                | \$ 225.00          |
| 12 Birth Outcome Confirmation             | \$ 40.00         | 3                | \$ 120.00          |
| <b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b> |                  | <b>86</b>        | <b>\$ 2,305.00</b> |

Amount Due      \$      **2,305.00**

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|                              |                |
|------------------------------|----------------|
| <b>WOMENS LIFE MINISTRI</b>  |                |
| Transfer Date:               | 09/13/2017     |
| Transfer Amount:             | 2,305.00       |
| From Account Nickname:       | LCP CHECKING   |
| From Institution R/T Number: | ██████████     |
| From Account Type:           | Demand Deposit |
| From Account:                | ██████████     |
| To Institution R/T Number:   | ██████████     |
| To Account Type:             | Demand Deposit |
| To Account:                  | ██████████     |
| Confirmation Number:         | 110071133      |
| Status:                      | Approved       |

|   |          |
|---|----------|
| <b>Transfer Summary</b>   |          |
| Number of Transfer Items:   | 1        |
| Total of Transfer Amounts:  | 2,305.00 |
| <b>Important: You May Want to Print this Page for Future Reference.</b> |          |

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# Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization RESTORATION HOUSE  
 Project Number 17-18-116  
 Date of Report AUG. 1- AUG. 31ST  
 Report Submitted by BETH DAVIS  
 Address 101 S. SPRUCE ST.  
 City, State, Zip HAMMOND, LA 70403

New Pos. Clients:

Home

Description of Services

|    |     |
|----|-----|
| 19 | 2nd |
| 10 |     |

|    |     |
|----|-----|
| 19 | 3rd |
|    |     |

|    |     |
|----|-----|
| 19 | 5th |
| 3  |     |

Intake Application

Positive Pregnancy Test

Negative Pregnancy Test

Abstinence Education

Counseling

Referral Services

Health Risk Assessment

Care Plan Development

On-Going Care Monitoring

Family Support Services

Home Outreach Support Services

Birth Outcome Confirmation

|    |      |      |       |
|----|------|------|-------|
| 21 | 20th | \$10 | \$210 |
| 20 | 19th | \$10 | \$200 |
| 1  |      | \$10 | \$10  |
| 1  |      | \$30 | \$30  |
| 20 | 19th | \$40 | \$800 |
| 19 |      | \$10 | \$190 |
| 20 | 19th | \$30 | \$600 |
| 20 | 19th | \$30 | \$600 |
| 17 |      | \$30 | \$510 |
| 11 |      | \$40 | \$440 |
| 6  |      | \$75 | \$450 |
| 3  |      | \$40 | \$120 |

Total

Services

|       |
|-------|
| 154th |
| 159   |

|         |
|---------|
| 4040    |
| \$4,160 |

Director Signature

Supervisor Signature

Data Entry Clerk's Signature

*Beth Davis*

*Angela Du*

*Kim N. Gathur, RN*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

|   |    |                            |    |
|---|----|----------------------------|----|
| Cumm from Last Month                      | 28 | Cumm 2nd Visits Last Month | 22 |
| Number of New Participants for This Month | 20 | New 2nd Visits             | 19 |
| Cummulative Participants                  | 48 | Cumm 2nd Visits            | 41 |

## REIMBURSEMENT

| <u>Client Services:</u>                   | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u>      |
|---|------------------|------------------|--------------------|
| 1 Intake Application Process              | \$ 10.00         | 20               | \$ 200.00          |
| 2 Positive Pregnancy Test                 | \$ 10.00         | 19               | \$ 190.00          |
| 3 Negative Pregnancy Test                 | \$ 10.00         | 1                | \$ 10.00           |
| 4 Abstinence Education                    | \$ 30.00         | 1                | \$ 30.00           |
| 5 Counseling                              | \$ 40.00         | 19               | \$ 760.00          |
| 6 Referral Services                       | \$ 10.00         | 19               | \$ 190.00          |
| 7 Health Risk Assessment                  | \$ 30.00         | 19               | \$ 570.00          |
| 8 Care Plan Care                          | \$ 30.00         | 19               | \$ 570.00          |
| 9 On-going Care                           | \$ 30.00         | 17               | \$ 510.00          |
| 10 Family Support Services                | \$ 40.00         | 11               | \$ 440.00          |
| 11 Home Outreach Support Services         | \$ 75.00         | 6                | \$ 450.00          |
| 12 Birth Outcome Confirmation             | \$ 40.00         | 3                | \$ 120.00          |
| <b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b> |                  | <b>154</b>       | <b>\$ 4,040.00</b> |

Amount Due \$ 4,040.00

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|                              |                |   |          |
|------------------------------|----------------|---|----------|
| RESTORATION PREGNANC         |                | Transfer Summary  |          |
| Transfer Date:               | 09/13/2017     | Number of Transfer Items:   | 1        |
| Transfer Amount:             | 4,040.00       | Total of Transfer Amounts:  | 4,040.00 |
| From Account Nickname:       | LCP CHECKING   | <b>Important: You May Want to Print this Page for Future Reference.</b> |          |
| From Institution R/T Number: | [REDACTED]     |   |          |
| From Account Type:           | Demand Deposit |   |          |
| From Account:                | [REDACTED]     |   |          |
| To Institution R/T Number:   | [REDACTED]     |   |          |
| To Account Type:             | Demand Deposit |   |          |
| To Account:                  | [REDACTED]     |   |          |
| Confirmation Number:         | 110074804      |   |          |
| Status:                      | Approved       |   |          |

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**Request for Reimbursement Form**  
**Louisiana Life Choice Project**  
**Official Life Choice Project Monthly Reporting Form**

Name of Organization      CPC Gonzales  
 Project Number          17-18-1.01  
 Date of Report            8/31/2017  
 Report Submitted by    Michelle Dyess  
 Address                    322 E Worthy St  
 City, State, Zip          Gonzales LA 70737

New Pos. Clients:

6 <sup>2<sup>nd</sup></sup>

Home

Description of Services

6 <sup>3<sup>rd</sup></sup>  
 BirthOut  
 #Served

4 <sup>3<sup>rd</sup></sup>  
 1 <sup>3<sup>rd</sup></sup>

Reim. Cost      Total

|                                |    |     |      |       |
|--------------------------------|----|-----|------|-------|
| Intake Application             | 17 | /// | \$10 | \$170 |
| Positive Pregnancy Test        | 6  | /// | \$10 | \$60  |
| Negative Pregnancy Test        | 11 | /// | \$10 | \$110 |
| Abstinence Education           | 11 | /// | \$30 | \$330 |
| Counseling                     | 6  | /// | \$40 | \$240 |
| Referral Services              | 6  | /// | \$10 | \$60  |
| Health Risk Assessment         | 6  | /// | \$30 | \$180 |
| Care Plan Development          | 6  | /// | \$30 | \$180 |
| On-Going Care Monitoring       | 4  | /// | \$30 | \$120 |
| Family Support Services        | 8  | /// | \$40 | \$320 |
| Home Outreach Support Services | 2  | /// | \$75 | \$150 |
| Birth Outcome Confirmation     | 1  | /// | \$40 | \$40  |

Total      Services      84

\$1,960

Director Signature Michelle Dyess

Supervisor Signature Michelle Dyess

Data Entry Clerk's Signature Michelle Dyess



## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

|   |    |                            |    |
|---|----|----------------------------|----|
| Cumm from Last Month                      | 14 | Cumm 2nd Visits Last Month | 4  |
| Number of New Participants for This Month | 17 | New 2nd Visits             | 6  |
| Cummulative Participants                  | 31 | Cumm 2nd Visits            | 10 |

## REIMBURSEMENT

| <u>Client Services:</u>            | <u>UNIT COST</u> | <u># Clients</u> | <u>TOTALS</u> |
|------------------------------------|------------------|------------------|---------------|
| 1 Intake Application Process       | \$ 10.00         | 17               | \$ 170.00     |
| 2 Positive Pregnancy Test          | \$ 10.00         | 6                | \$ 60.00      |
| 3 Negative Pregnancy Test          | \$ 10.00         | 11               | \$ 110.00     |
| 4 Abstinence Education             | \$ 30.00         | 11               | \$ 330.00     |
| 5 Counseling                       | \$ 40.00         | 6                | \$ 240.00     |
| 6 Referral Services                | \$ 10.00         | 6                | \$ 60.00      |
| 7 Health Risk Assessment           | \$ 30.00         | 6                | \$ 180.00     |
| 8 Care Plan Care                   | \$ 30.00         | 6                | \$ 180.00     |
| 9 On-going Care                    | \$ 30.00         | 4                | \$ 120.00     |
| 10 Family Support Services         | \$ 40.00         | 8                | \$ 320.00     |
| 11 Home Outreach Support Services  | \$ 75.00         | 2                | \$ 150.00     |
| 12 Birth Outcome Confirmation      | \$ 40.00         | 1                | \$ 40.00      |
| TOTAL SUB-CONTRACTOR REIMBURSEMENT |                  | 84               | \$ 1,960.00   |

Amount Due \$ 1,960.00

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& Trust Company

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**Transfer Confirmation as of 09/12/2017 1:33 PM**

|                              |                |   |          |
|------------------------------|----------------|---|----------|
| CARE PREGNANCY CLINI         |                | Transfer Summary  |          |
| Transfer Date:               | 09/13/2017     | Number of Transfer Items:   | 1        |
| Transfer Amount:             | 1,960.00       | Total of Transfer Amounts:  | 1,960.00 |
| From Account Nickname:       | LCP CHECKING   | <b>Important: You May Want to Print this Page for Future Reference.</b> |          |
| From Institution R/T Number: | [REDACTED]     |   |          |
| From Account Type:           | Demand Deposit |   |          |
| From Account:                | [REDACTED]     |   |          |
| To Institution R/T Number:   | 0 [REDACTED]   |   |          |
| To Account Type:             | Demand Deposit |   |          |
| To Account:                  | [REDACTED]     |   |          |
| Confirmation Number:         | 110082384      |   |          |
| Status:                      | Approved       |   |          |

MEMBER FDIC [eStatement/Notice enrollment](#) EQUAL HOUSING LENDER VERISIGN TRUSECURE CONTACT US  
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**PO# 2000 224936**

**SECTION I**

**INDIRECT COST**



# Invoice

August 2017

Dorothy Wallis  
3813 North Flannery  
Baton Rouge, LA 70814  
(225) 215-0004 office  
(225) 273-5931 fax

| Description:                                     | Amount:   |
|--|-----------|
| Life Choice Project Administrator Monthly Salary | \$4500.00 |

Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this 2 day of September, 2017

S. SCOTT WILFONG  
NOTARY PUBLIC  
ID # 82151  
commission does not expire

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PO# 2000 224936-0817

Section I-Indirect Costs-Project Admin Page 2 of 3

| Id | Batch    | Name                          | Account | Identification | Discretionary | Amount   | Routing/Transit | Effective Date | Transaction Code       |
|----|----------|-------------------------------|---------|----------------|---------------|----------|-----------------|----------------|------------------------|
| 1  | 00000001 | Free Form Addenda             |         |                |               |          |                 |                |                        |
| 1  | 00000001 | Caring To Love<br>August 2017 |         |                |               | 4,500.00 | 265070435       | 9/11/2017      | 27 Demand Auto Payment |
| 1  | 00000001 | Dorothy Wallis<br>August 2017 |         |                |               | 4,500.00 | 065400137       | 9/11/2017      | 22 Demand Auto Deposit |
| 1  | 00000001 |                               |         |                |               |          |                 | 9/11/2017      |                        |

Batch 1 Total  
 Debits: 4,500.00  
 Credits: 4,500.00  
 Difference: 0.00  
 Totals: 9,000.00

File Entry Count  
 1  
 1  
 2

File Total  
 Debits: 4,500.00  
 Credits: 4,500.00  
 Difference: 0.00  
 Totals: 9,000.00

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: August 2017

Employee's Name: Dorothy Wallis

| Program | 1   | 2   | 3   | 4   | 5   | 6 | 7   | 8   | 9   | 10  | 11  | 12  | 13 | 14  | 15  | 16  | 17  | 18  | 19  | 20 | 21  | 22  | 23  | 24  | 25  | 26  | 27 | 28  | 29  | 30  | 31  | Total Hours |     |
|---------|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|-------------|-----|
| LCP     | 6.8 | 7.7 | 8.5 | 6.8 | 3.4 | 0 | 7.7 | 7.7 | 6.8 | 8.5 | 7.7 | 3.4 | 0  | 8.5 | 7.7 | 6.8 | 7.7 | 6.8 | 3.4 | 0  | 7.7 | 7.7 | 6.8 | 8.5 | 6.8 | 3.4 | 0  | 7.7 | 7.7 | 6.8 | 6.8 | 185.3       | 0.0 |
| ADMIN   | 1.2 | 1.4 | 1.5 | 1.2 | .6  | 0 | 1.4 | 1.4 | 1.2 | 1.5 | 1.4 | .6  | 0  | 1.5 | 1.4 | 1.2 | 1.4 | 1.2 | .6  | 0  | 1.4 | 1.4 | 1.2 | 1.5 | 1.2 | .6  | 0  | 1.4 | 1.4 | 1.2 | 1.2 | 32.7        | 0.0 |
|         |     |     |     |     |     |   |     |     |     |     |     |     |    |     |     |     |     |     |     |    |     |     |     |     |     |     |    |     |     |     |     |             |     |
|         |     |     |     |     |     |   |     |     |     |     |     |     |    |     |     |     |     |     |     |    |     |     |     |     |     |     |    |     |     |     |     |             |     |
| Hours   | 8.0 | 9   | 10  | 8   | 4   | 0 | 9   | 9   | 8   | 10  | 9   | 4   | 0  | 10  | 9   | 8   | 9   | 8   | 4   | 0  | 9   | 9   | 8   | 10  | 8   | 4   | 0  | 9   | 9   | 8   | 8   | 218.0       | 0.0 |

Employee Signature:  Date: 9/5/17

Supervisor Signature:  Date: 9/5/17

GBS56381000186020



Louisiana



HMO Louisiana



SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814

Group ID : 27A61ERC  
Subgroup ID : 0000

Due Date: 08/15/2017  
Billing Date: 07/31/2017

Invoice Period From : 08/15/2017  
Invoice Period Through: 09/14/2017  
Invoice Number : 172120004489

Subscriber Count: 2

### SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

|                                 |            |
|---------------------------------|------------|
| Outstanding Balance.....        | \$0.00     |
| Premiums This Period.....       | \$2,134.03 |
| Member Adjustments.....         | \$292.43   |
| Fees and Other Adjustments..... | \$0.00     |
| Current Billed Amount.....      | \$2,426.46 |

*Please Pay Total Amount Due*

\$2,426.46

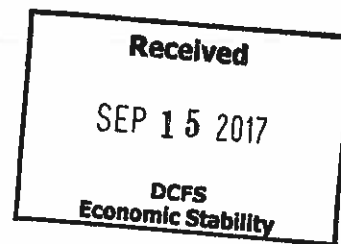
04BAD135 R01/16

Blue Cross and Blue Shield of Louisiana Incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

### SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



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8/24/2017

PO# 2000 224936-0817

<https://secure.hancockbank.com/Accounts/GetCheckImage.asp>

Page 2 of 2

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICR MONITORING BAND

**CARING TO LOVE MINISTRIES**  
OPERATING ACCOUNT  
3813 N. FLANNERY ROAD  
BATON ROUGE, LA 70814  
(225) 273-1124

**WELLS FARGO** BATON ROUGE, LOUISIANA  
84-15/054  
8/10/17

17668

PAY TO THE ORDER OF Blue Cross Blue Shield \$ 2,426.46

Two Thousand Four Hundred Twenty-Six and 46/100 DOLLARS

Blue Cross Blue Shield  
P.O. Box 650007  
Dallas, TX 75265

VOID AFTER 60 DAYS  
OPERATING ACCOUNT

*[Signature]*  
AUTHORIZED SIGNATURE

MEMO  
Group ID 27A61ERC Subgroup 0000 8/15/17-9/14/

⑈017668⑈ ⑆065400153⑆

000102 049 081517 1088

27A61ERC DAL

CRED TO PAYEE

0712305424/12

ABS END GUAR

081517 212204 049 096

LCP Budget to reimburse CTLM = \$250.00 for month.